

**CITY OF CLARKSBURG BOARD OF PARK COMMISSIONERS
APPLICATION FOR AQUATIC PERSONNEL
(CLARKSBURG MUNICIPAL POOL)**

POSITION APPLYING FOR: _____

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

Are you 18 or older? _____ Yes _____ No

EDUCATION:

Circle highest grade completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 above

HIGH SCHOOL _____ Address _____

COLLEGE _____ Address _____

ADDITIONAL TRAINING _____ Address _____

SWIMMING AND WATER SAFETY CERTIFICATION:

VALID:	YES	NO	DATE ISSUED	INSTRUCTOR
Senior Lifesaving	_____	_____	_____	_____
Water Safety Instructor	_____	_____	_____	_____
Multi-Media First Aid/CPR	_____	_____	_____	_____

LIST PAST EMPLOYMENT BEGINNING WITH MOST RECENT:

1. _____ FROM _____ TO _____
EMPLOYER _____ PHONE # _____
2. _____ FROM _____ TO _____
EMPLOYER _____ PHONE # _____

PERSONAL REFERENCES: (Name, Address & Phone #)

1. _____
2. _____

DATES AVAILABLE FOR WORK: FROM _____ TO _____

WILL YOU BE UNAVAILABLE FOR WORK AT ANY TIME DURING THE ABOVE DATES?
(PLEASE LIST)