

WELLSBURG MUNICIPAL POOL
APPLICATION FOR EMPLOYMENT
CITY OF WELLSBURG, IA

Name: _____

Address: _____

City, State, & Zip Code: _____

Telephone Number: _____ Email Address: _____

Applying for: _____ Lifeguard _____ Water Safety Instructor
 _____ Pool Manager

Certifications: _____ Lifeguard _____ Water Safety Instructor
 _____ CPR _____ First Aid

Last Employer: _____

Address: _____

Telephone: _____ Email: _____

Detail experience, place and length of time: _____

References, including three, if possible, including address and telephone numbers:

Date you can begin work: _____

Signature

Date

Please return the application to: Wellsburg City Hall, P.O. Box L, Wellsburg, IA 50680 or

Email: cityclerk@wellsburgiowa.net