

APPLICATION FOR EMPLOYMENT

City of Bristol
204 1st Avenue East
Bristol, South Dakota 57219

An Equal Opportunity Employer

Please include a copy of your Certificate of Completion for Lifeguard training, if it expired in 2020

Position applying for: Lifeguard

Name: _____

Last

First

Middle

Address: _____

Street/Box

City

State

Zip

Phone: _____

Home

Cell(needed)

Are you under age 18? Yes No

Date of Birth _____/_____/_____

Are you legally eligible to be employed in the United States?

Yes No

Do you have or can you get a State of SD Driver's License? (If position requires)

Yes No

Drivers License No. _____

State _____ Exp. Date _____

Employment for which you are available:

- Full-time Permanent Seasonal
 Part-time Temporary (less than 6 months)

When could you begin employment?

Immediately Beginning on _____

May we contact your current or most recent employer regarding your qualifications?

Yes No If no, explain _____

Education and Training

Circle last year of education completed. For high school diploma or GED circle "12".

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus

Did you graduate from high school? Yes No Complete GED Yes No

Additional Training (workshops, seminars, apprenticeships, military or other training). Include approximate hours or days of training.

List any relevant licenses or certificates:

Employment

Begin with your current or most recent position and work backwards. List each promotion as a separate job. Include paid and verifiable non-paid experience, including military service. Be as accurate and complete as possible, especially in describing the duties of each position.

Current or Most Recent Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total Years _____ Months _____

Job Title _____ Starting Salary _____ Last Salary _____

Employer _____ Type of Business _____

Employer's Address _____ Phone _____

Supervisor's Name and Title _____

Number of employees you supervised _____ Average hours worked per week 1-10 11-20 21-30 31-40

Reason for Leaving _____

Complete description of duties _____

Next Previous Position:

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total Years _____ Months _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of Business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of employees you supervised _____ Average hours worked per week []1-10 []11-20 []21-30 []31-40
Reason for Leaving _____
Complete description of duties _____

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations. I am aware that all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application or on City medical forms could result in rejection for employment, or if employed, termination from the City at any time.

I authorize and release from liability all employers, persons, schools, law enforcement agencies and other organizations named in this application to provide information requested by the City of Bristol in its processing of this application.

I also understand that nothing in this application or in the granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on the City of Bristol. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Bristol has a similar right.

YOU MUST SIGN THIS APPLICATION

Please sign in ink _____ Date _____