

Lincoln Park Family Aquatic Center Job Application

Fill out all forms personally and completely. It is recommended that you attach your resume. Please read the job description before applying for a position with the Aquatic Center. Applicants must be 16 years old or older to apply.

Forms must be turned in to the Human Resource Office on the 3rd floor of City Hall, 233 W. Center St., Marion, Ohio 43302.

Hours are Monday through Thursday, 8:00 a.m. to 5:00 p.m. and Friday, 7:30 a.m. to 11:30 a.m.

Interviews will be scheduled during April of 2013.

CITY OF MARION, OHIO
Job Description

Job Title: LIFEGUARD
Department: AQUATICS
Reports To: AQUATICS DIRECTOR
FLSA Status: Seasonal
Prepared By: H. R.
Prepared Date: 01/09/2012
Approved By:
Approved Date:

POSTING START DATE: 02/01/12

POSTING END DATE: Continuous

SALARY: \$8.53 - \$9.76 Hourly

JOB TYPE: Seasonal

LOCATION: Lincoln Park Family Aquatics Center

OVERALL JOB OBJECTIVE:

Guards swimming areas and observes swimmers to ensure safety; may perform rescue duties as needed, and perform related duties as assigned.

DUTIES & RESPONSIBILITIES:

- Takes proper safety precautions, anticipates unsafe circumstances, acts accordingly to prevent accidents and injuries, and ensures the safety of participants, facilities, and equipment.
- Guards swimming areas and observes swimmers to ensure safety, order and discipline of participants, and/or players, and/or customers.
- Enforces rules, regulations, and policies; maintains safety, order and discipline of participants, and/or players, and/or customers.
- Performs general housekeeping and maintenance duties in pool areas.
- Works as part of a team, attending, orientation and/or staff meetings as needed.

QUALIFICATIONS:

REQUIRED MINIMUM QUALIFICATIONS:

- American Red Cross or equivalent certifications:
 - CPR for lifeguards
 - AED
 - First Aid
 - Lifeguard Training
- Ability to speak/write/understand English.
- Ability to evaluate conditions in assigned area and make judgments related to safety.
- Ability to provide excellent customer service.
- Ability to stand, walk and kneel in the performance of assigned tasks.
- Clean and neat appearance.
- Current lifeguard certification and ongoing ability to pass all certification components.
- Effective interpersonal skills, including conflict resolution skills.
- Effective leadership skills.
- Tactful and effective communication skills.
- Hand and maintain acceptable background information, including conviction history.

DESIRED QUALIFICATIONS – in addition to the required minimum qualifications:

- Previous experience as a Lifeguard.
- Previous experience as a Water Safety Aide.

PRIOR EMPLOYMENT*(Start with most recent employer)***Attach list of any prior to the most recent three.**

Employer	Phone ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer	Phone ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone ()	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK AND DUTIES	DATE DISCHARGED

PERSONAL REFERENCES

NAME	ADDRESS	YRS KNOWN	TELEPHONE

CERTIFICATION (READ CAREFULLY BEFORE SIGNING)

I hereby authorize the City to conduct an investigation concerning all statements contained in my application for employment, to interview all employers and to conduct any other investigation that it deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish the City with all information pertaining to me concerning convictions and arrests for which convictions were obtained and I hereby release the City and any law enforcement agency, judicial officer or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation.

The Fair Credit Reporting Act (Public Law 91-588) requires that we advise you that a routine inquiry may be made into an applicant's background. If a Consumer Reporting Agency is engaged in the investigation, information relevant to the nature and scope of the inquiry, if one is made, will be provided upon applicant's written request.

I CERTIFY THAT ANY AND ALL STATEMENTS WHICH I HAVE SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO RECOGNIZE THAT ANY MISSTATEMENT I HAVE MADE HEREIN MAY SUBJECT ME TO DISCHARGE IN THE EVENT THAT I AM HIRED. I FURTHER UNDERSTAND THAT EMPLOYMENT MAY BE CONTINGENT UPON SATISFACTORILY PASSING A PRESCRIBED PHYSICAL EXAMINATION INCLUDING DRUG TESTS. FURTHER I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PVIOUS NOTICE.

Date

Signature (in ink)

(Revised 3/95)

ONLY APPLICANTS FOR LIFEGUARD NEED TO FILL THIS FORM OUT.

Aquatics Department - Lifeguard Supplemental Questionnaire. ONLY applicants that have already completed Lifeguard certification may apply to be a lifeguard.

****Required question**

1. ****Do you have a current American Red Cross (ARC), YMCA or Ellis Lifeguard certification?**
 Yes No
2. ****Do you have a current ARC, YMCA or Ellis CPR & AED for Lifeguards certification?**
 Yes No
3. ****Do you have a current ARC, YMCA or Ellis lifeguard Training and First-Aid certification?**
 Yes No
4. Please indicate when any of your certifications expire.
5. ****How much lifeguarding experience do you have?**
 Just certified
 Less than one year
 1 to 2 years
 More than 2 - 5 years
 More than 5 years
6. What type of facility (pool/aquatic center) have you worked at?
7. Have you previously taught swim lessons?
 Yes No
8. How much experience do you have teaching swim lessons?
 Less than one year
 1 to 2 years
 More than 2 - 5 years
 More than 5 years
9. Do you have your American Red Cross WSI certification?
 Yes No
10. Have you previously taught water fitness classes?
 Yes No
11. How much experience do you have teaching water fitness?
 Less than one year
 1 to 2 years
 More than 2 - 5 years
 More than 5 years



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of you official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date _____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other _____ |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ (_____) _____
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | |

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect you consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran (served between 1964-1975) Disabled Veteran Individual with a disability