

**CITY OF HAMPTON**  
**AQUATIC CENTER APPLICATION FOR EMPLOYMENT**

The City of Hampton considers applicants for all positions without regard for race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status.

*(PLEASE PRINT NEATLY)*

Position(s) Applied For: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied, as described in the job description provided by the City of Hampton for the position of application? Yes / No

- If you are under 18 years of age, can you provide required proof of work eligibility? Yes / No
- Are you available to assist with swimming lessons? Yes / No
- Dates you're available to work. Month/Date \_\_\_\_\_ through Month/Date \_\_\_\_\_
- Will you require more than three consecutive days off? Yes / No  
If Yes, when? \_\_\_\_\_

**SKILLS & QUALIFICATIONS**

List any foreign language(s) you're able to speak, read or write fluently: \_\_\_\_\_

Mark the following certifications you currently hold, indicating expiration dates and providing copies of certificates with completed application:

- |   |                 |
|---|-----------------|
| ___ American Red Cross (ARC) Lifeguard Training & Community First Aid & Safety. | Exp. Date _____ |
| ___ ARC Lifeguarding Instructor Certificate.                                    | Exp. Date _____ |
| ___ ARC Head Lifeguard Certificate.   | Exp. Date _____ |
| ___ ARC Water Safety Instructor Certificate.                                    | Exp. Date _____ |
| ___ ARC Standard First Aid Certificate.   | Exp. Date _____ |
| ___ ARC CPR for the Professional Rescuer Certificate.                           | Exp. Date _____ |
| ___ ARC Adult CPR Certificate.  | Exp. Date _____ |
| ___ ARC Infant and Child CPR Certificate.                                       | Exp. Date _____ |

List any information, other training or previous experience you feel may be helpful in considering your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

*I certify that answers given herein are true and complete to the best of my knowledge.*

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_