



**City of Connell**

EASTERN  
WASHINGTON'S  
HARVESTLAND

104 E. Adams, P.O. Box 1200 ♦ Connell WA 99326  
(509) 234-2701 ♦ Fax: (509) 234-2704 ♦ [www.cityofconnell.com](http://www.cityofconnell.com)

## Swimming Pool Application

***Return Completed Application to:  
City of Connell, Attn. City Clerk/Treasurer, PO Box 1200, Connell, WA 99326***

**Please print the following information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Best Time to Contact You \_\_\_\_\_

Position Applied For (*could be more than one*) \_\_\_\_\_ Date \_\_\_\_\_

Age & Date of Birth (if under 18) \_\_\_\_\_

Are you legally entitled to work in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

Present Occupation \_\_\_\_\_

When are you available for work? \_\_\_\_\_ To \_\_\_\_\_

Have you ever been arrested, indicted or convicted of any violation of the law? Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

In case of an accident, please notify; Name: \_\_\_\_\_

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

Indicate the last two levels of education

School/College                      Location                      Current Year Graduation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References: Name of adult with whom you were associated in swimming experience.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Occupation \_\_\_\_\_ Phone \_\_\_\_\_

All Applicants must be prepared to pass an examination in the water by a certified examiner.

Do you have a current certificate from the American Red Cross for any of the following?

		County Issued	Date
Water Safety Instructor	Yes ____ No ____	_____	_____
Water Safety Aid	Yes ____ No ____	_____	_____
Lifeguard Training	Yes ____ No ____	_____	_____
Basic Rescue	Yes ____ No ____	_____	_____
Advanced First Aid	Yes ____ No ____	_____	_____
Standard First Aid	Yes ____ No ____	_____	_____
CPR	Yes ____ No ____	_____	_____

***Copies of your Training Certifications must be attached to application to be considered for employment as a lifeguard.***

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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If you do not have any of the above current certificates, do you have any from a previous date?

Yes \_\_\_\_ No \_\_\_\_ if so, Explain: \_\_\_\_\_

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Previous life guarding and/or teaching experience (include City of Connell)

Experience	Location	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify all of the above statements, to the best of my knowledge, are true. In the event of employment, I understand that false or misleading statements shall be sufficient cause for termination. I authorize the City of Connell to investigate all statements made in this application to secure information from all employees' references, criminal checks, and academic institutions. I hereby release all employers' references, institutions, agencies and companies (stated or unstated) from any and all liability arising from giving/receiving information about me to the City of Connell or it's representatives.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_