

CITY OF NAPPANEE, INDIANA
APPLICATION FOR SEASONAL AND PART-TIME EMPLOYMENT

Department Applying to: _____

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Last Name: _____ First Name: _____

Present Address: _____

Contact Number: _____ Email: _____

Soc. Sec. Number: _____ Date of Birth: _____

Position Applying for: _____

Were you previously employed with the City: _____ If yes, when: _____

Rate of pay expected: _____ Date available to start: _____

PREVIOUS WORK OR LIFEGUARDING EXPERIENCE

Company & Address:	Supervisor	Phone	Employment Dates
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1. _____

2. _____

3. _____

List any other experience, skill or qualifications you feel would especially fit you for work with our organization.

PERSONAL REFERENCES - References must be at least 21 years old

Name & Occupation	Address	Phone Number
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1. _____

2. _____

3. _____

If applying for Lifeguard or Swim Instructor:

W.S.I. _____ Expiration Date: _____

Current Lifeguarding Certification? _____

Expiration Date: _____

Course taken where? _____

Instructor _____

Current First Aid Certification _____

Course taken where? _____

Current C.P.R. / P.R. Certification? _____

Red Cross _____ Other _____

Course taken where? _____

Are you A.E.D. Certified? YES NO When does your certification expire? _____

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Last Name: _____ First Name: _____

EMERGENCY CONTACT INFORMATION

Name & Relationship of Contact: _____

Home Phone: _____ Work Phone: _____

Family Doctor Name, Address and Phone:

Before turning application in for review, please be sure to complete all attached forms and return with application.

Upon hiring, if a work permit is required, it is solely the responsibility of applicant to maintain all documentation required.

All applications will be held for one (1) year.

Signature of applicant: _____ Date: _____

**VERIFICATION OF APPLICANT FOR EMPLOYMENT FOR
COMPLIANCE WITH MUNICIPAL NEPOTISM POLICY**

I, _____ have reviewed the direct line of supervision for the position I am seeking with the City of Nappanee and I am not a relative of any employee who will be in my direct line of supervision in the position of _____.

I understand that relative means a spouse, parent, step-parent, child (natural or adopted), step-child, brother, half-brother, sister, half-sister, step-brother, step-sister, niece, nephew, aunt, uncle, daughter-in-law or son-in-law.

I hereby verify under the penalty of perjury that the foregoing statements are true.

Dated this _____ day of _____, 20_____.

(Signature)

(Printed Name)