

**Austin Parks & Recreation Department  
Aquatic Division Supplement Form**

**16 Years Old**

Please circle the position(s) that pertain to you:(previous Lifeguards cannot apply for a Cashier position)

**Lifeguard**                      **Water Safety Instructor**                      **Swim Coach**                      **Cashier**  
**Head Guard**                      **Pool Manager**                      **Supervisor**                      **Other** \_\_\_\_\_

Legal Name: _____ (CELL) Phone: _____
Address: _____ Alternate Phone: _____
City/State: _____ Zip: _____
E-mail address ( <b>PRINT CLEARLY</b> ) _____
Date of Birth: _____ Age: _____ SSN: _____

How did you hear about this job? (Please be specific) \_\_\_\_\_  
 What school are you attending? \_\_\_\_\_  
 What day do you plan to start working this season? \_\_\_\_\_

**I am Interested In the following: (Please check all that applies)**

Swim Lessons (teaching)		Manager		Head Guard		Lifeguard Instructor	
Swim Team Coach		Supervisor		Water Safety Instructor			

Please list previous experience \_\_\_\_\_

**How many hours would you like to be scheduled to work each week? (Please check one ONLY)**

**\*Hours are not guaranteed\***

10 – 20 hours		30 – 40 hours	
20 – 30 hours		40 hours	

Have you previously worked for the City of Austin? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, when \_\_\_\_\_ where \_\_\_\_\_

Please rate the areas of Austin where you prefer to work (rate one, two, three & four)			
North _____	**North Central _____	South Central _____	South _____
* Please note that these ratings do NOT guarantee a specific area or pool that you will be assigned for work.			
** Working at Bartholomew Pool will require an additional certification (Waterpark Lifeguard Certification)			

In case of an emergency who should we contact? Name: _____ Relationship to you: _____ Phone # they can be reached at: _____ Alternate number: _____ Any medical information we need to know about you: _____ _____
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**YOU ARE REQUIRED TO WORK WEEKENDS AND HOLIDAYS DURING THE SEASON.  
VACATIONS AND TIME OFF MUST BE APPROVED BY YOUR SUPERVISOR IN ADVANCE.**

**\*Please understand that if you do however take a vacation you will not be guaranteed hours or pool preferences when you return.**

I understand my work commitment. \_\_\_\_\_ YES \_\_\_\_\_ NO      Initial: \_\_\_\_\_

Please check all current certifications you hold:

\_\_\_\_\_ Lifeguard Training

\_\_\_\_\_ CPR for Professional Rescuer

\_\_\_\_\_ First Aid

\_\_\_\_\_ Lifeguard Training Instructor Level

\_\_\_\_\_ Water Safety Instructor

\_\_\_\_\_ Certified Pool Operator (CPO)

\_\_\_\_\_ Community CPR (adult, infant, child)

\_\_\_\_\_ Other \_\_\_\_\_

I understand that the training provided to me and the certifications(s) that I obtain are valid for employment with the City of Austin Aquatic Division. The city shall have the right to release me from this obligation at its discretion and this agreement does not mean that the city has to employ me for any period of time.

I understand that if hired by the City of Austin Parks and Recreation Aquatic Division, my employment is seasonal and will not extend past my assigned facility's last day of operation. To work on a part-time basis, year-round, I may be required to reapply for those positions in late August. I further understand that I am not guaranteed a certain number of hours during the summer season. Hours and schedules are determined by program demand, facility need, weather, mobility, and employee experience. I also understand that I may not work over 40 hours a week at any given time.

If I am hired as a Head Lifeguard, Pool Manager, Supervisor or any other position that required me to have keys to any of the facilities I am fully responsible for those keys. If I lose the keys or do not turn them in at the end of the season, I will replace them at a cost of \$5.00 per key.

I understand that if I am hired by the City of Austin Parks and Recreation Aquatic Division I will be required to:

Attend mandatory Orientation

Attend all area specific mandatory paid in-service meetings

Be at work and remain free from being under the influence of drugs and or alcohol

Wear staff uniform only while on duty

Work weekends, Saturdays, Sundays and holidays

Be willing to substitute at work

Perform general cleaning and maintenance duties while at work

Additionally, I have indicated my intended hours to work each week above. I have read and understand the content, requirements, and expectations of the sick leave policy for temporary employees of the Aquatics Division. I understand that the hours I indicated will be used to determine my projected work week. My projected work week will be audited and adjusted accordingly without notice. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continued employment with the Aquatic Division.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature if minor (under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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Dear Applicant,

This letter is to confirm a conditional offer of seasonal employment to you as a Lifeguard for the Parks and Recreation Department Aquatic Division. This offer is contingent upon you meeting the following employment requirements:

- Successful outcome of a Criminal Background Investigation
- Completion of the required training courses for the position
- Passing scores for all training courses that require testing

If you do not meet the above employment requirements, you will not be eligible for hire and will no longer be considered for this position.

If you have any questions regarding the content of this letter, please feel free to contact the Aquatic Division at 974-9332. We look forward to working with you as we continue to move through this phase of the hiring process.

Stuart Martinez, Human Resources Manager  
Parks and Recreation Department

\_\_\_\_\_  
Applicant Signature  
I understand and accept the terms of this offer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (*If under 18 years of age*)  
I understand and accept the terms of this offer

\_\_\_\_\_  
Date



*The City of Austin is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.*

[www.cityofaustinparks.com](http://www.cityofaustinparks.com)



**P-9 Minor's Release**

The State of Texas  
County of Travis

Know all men by these presents:

That I, \_\_\_\_\_, am the legal parent  
of \_\_\_\_\_, a minor:

THAT I for the purpose of enabling said minor, who is of the age of \_\_\_\_\_ years, to secure employment with the City of Austin, do hereby agree that said minor may be employed by the City of Austin in such undertakings and lines of employment and for such wages and compensation as may be agreed upon by and between said minor and the said City of Austin. That said minor may do such work as the said City of Austin may call upon him/her to do, and in consideration of his/her employment by the said City. I hereby authorize and empower said City to pay the said minor all wages or compensation earned by him/her while in its employ direct to the said minor in the same manner in which said City pays its other employees. That I do hereby release all claims for said wages or compensation.

THAT I further agree that in all suits and actions which may hereafter be instituted by me, for damages resulting from injuries sustained by said minor while in the employ of said City, the consent to the employment of the said minor hereby being given and the agreement herein contained shall constitute a bar to any recovery by me and may be urged and taken advantage of by it in bar for the benefit of said minor alone.

The purpose and intent of this agreement being as between me and the said City of Austin to manumit the said minor and authorized and empower him/her to deal with the said City in all and singular every matter connected with or arising out of his/her employment, or any accident or injury sustained by him while so employed, in the same manner and to the same extent as though he were of lawful age.

THAT the said \_\_\_\_\_ was born on the  
(Name of Minor)

\_\_\_\_\_ day of \_\_\_\_\_ A.D., \_\_\_\_\_.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of parent/guardian)

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# Consent for Minor's Emergency Medical or Dental Treatment

I, \_\_\_\_\_ (parent/guardian) of  
\_\_\_\_\_, a minor of the age of \_\_\_\_\_ years,  
hereby authorize the City of Austin, as the employer, to consent to emergency medical or  
dental treatment for my child (or ward) \_\_\_\_\_.

I understand that the City of Austin will make all reasonable efforts to contact me and  
provide me with notice in the event that \_\_\_\_\_  
requires emergency medical or dental treatment. In the event that the City of Austin  
cannot contact me and give me notice. I understand that I am hereby authorizing the City  
of Austin to consent to such treatment on my behalf. I understand that the City of Austin  
will seek necessary emergency treatment for my child (or ward) only in the event that  
my child (or ward) is injured or harmed while in the employ of the City of Austin.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness





**Criminal Background Investigation:  
Notification and Disclosure form for CBI-Sensitive Positions  
For Teens: 13-16 Years Old**

**NOTIFICATION & DISCLOSURE FORM**

- You are applying for, or currently hold a position that, for reasons of public safety, requires a criminal background investigation (CBI).
- The City of Austin will assess your suitability for this position.
- The City of Austin will review your complete criminal history using records available from the Texas Department of Public Safety.
- You must pass the CBI to be placed in, or continue employment in, this position.

<b>Department</b>	<b>PARD</b>	<b>Work Location</b>	<b>Aquatics</b>
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<b>Position Title</b>	<b>Muniprogram Paraprofessional-</b>
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<b>Job Status</b> <i>(check one)</i>	<input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Community Service Restitution (CSR) Volunteer <input type="checkbox"/> Volunteer	Hours needed _____ Court issued completion date _____
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<b>Full Legal Name</b> <i>(Please print)</i>	<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>
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<b>Date of Birth</b> <i>(month, date, year)</i>	<b>Social Security Number</b> <i>(Optional for Volunteers)</i>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Ethnicity</b> <i>(Optional)</i>	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Asian, Not Hispanic or Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander, not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Two or More Races, not Hispanic or Latino <input type="checkbox"/> American Indian/ Alaskan <input type="checkbox"/> Not disclosed
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**Please complete the next two questions only if you are 15-16 years of age:**

<b>Have you lived outside the state of <u>Texas</u> in the last 10 years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, you may need to be fingerprinted for a state and national criminal background check. You will receive fingerprinting information separately if applicable.
<b>Have you lived outside the <u>U.S.</u> in the last 10 years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list other countries.

**ACKNOWLEDGEMENT: Teens and their parents must both read and sign in agreement:**

The information I have provided above is true, accurate, and complete.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**VP**

<b>For HRD Office Use Only:</b>	<b>Retain in your files</b>
Please Check and Initial each Applicable Space	
CCH Report Printed: YES _____ NO _____ initial	
Purpose of CCH: <input type="checkbox"/> <u>Employment</u> <input type="checkbox"/> <u>Volunteer</u>	
Hire _____ Not Hired _____ initial	
Date Printed: _____ initial	
Destroyed Date: _____ initial	