

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

18 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** _____

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|---|
| Legal Name: _____ (CELL) Phone: _____ |
| Address: _____ Alternate Phone: _____ |
| City/State: _____ Zip: _____ |
| E-mail address (PRINT CLEARLY) _____ |
| 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 _____

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| 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) |
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| 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:

| | |
|--|---|
| <input type="checkbox"/> Lifeguard Training | <input type="checkbox"/> Water Safety Instructor |
| <input type="checkbox"/> CPR for Professional Rescuer | <input type="checkbox"/> Certified Pool Operator (CPO) |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Community CPR (adult, infant, child) |
| <input type="checkbox"/> Lifeguard Training Instructor Level | <input type="checkbox"/> 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: _____



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





**Criminal Background Investigation:
Notification and Disclosure form for CBI-Sensitive Positions**

NOTIFICATION & DISCLOSURE

- You are applying for, or are currently in a position that requires a criminal background investigation (CBI). The City of Austin will complete a CBI using a crimes list to screen for your eligibility 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 a CBI to be placed or continue employment in this position.

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|-------------------|-------------|----------------------|-----------------|
| Department | PARD | Work Location | AQUATICS |
|-------------------|-------------|----------------------|-----------------|

| | |
|-----------------------|--------------------------------------|
| Position Title | Muniprogram Paraprofessional- |
|-----------------------|--------------------------------------|

| | |
|---|---|
| Job Status <i>(check one)</i> | <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Contractor |
|---|---|

| | | | |
|---|--------------|---------------|-------------|
| Full Legal Name <i>(Please print)</i> | (First Name) | (Middle Name) | (Last Name) |
|---|--------------|---------------|-------------|

| | | |
|--|-------------------------------|--|
| Date of Birth <i>(month, date, year)</i> | Social Security Number | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|-------------------------------|--|

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|---------------------------------------|---|
| Ethnicity <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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|--|----|----|
| Other Names Used <i>(First Name, Middle Name, and Last Name)</i> | 1. | 3. |
| | 2. | 4. |

| | | |
|---|---|---|
| Have you lived outside the state of <u>Texas</u> in the last 10 years? | <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. ➤ If yes, and you were in the military, please contact the Human Resources Department at 974-3400 for further instructions. |
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| Have you lived outside the <u>U.S.</u> in the last 10 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list other countries. |
|---|---|--------------------------------------|

ACKNOWLEDGEMENT: Read and sign in agreement:

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

Signature _____ **Date** _____

Email Address _____ **Phone #** _____

COMPLETE SIDE TWO.

During the last 10 years, as a juvenile (under age 17) or as an adult: (Please exclude traffic offenses.)

- yes no Have you been convicted of, pled guilty to or served a period of deferred adjudication for any felony offense?
- yes no Have you served a period of deferred adjudication for any misdemeanor offense?
- yes no Have you been convicted of any misdemeanor?
- yes no Have you pled guilty or no contest to any criminal offense?
- yes no Do you have any pending criminal charges against you?
- yes no Are you currently on deferred adjudication, deferred prosecution, or pre-trial diversion for any non-traffic offense?
- yes no Have you been on probation?

If you answered yes to any of the above questions, please provide additional information about each crime:

| Type of Crime | Circle one | | Incident Date (month / year) | Location City/State | Name of Court |
|---------------|-----------------|------------|---------------------------------|------------------------|---------------|
| | Misdemeanor (M) | Felony (F) | | | |
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Read and initial each statement below:

- _____ The information I have provided in this form is true, accurate, and complete.
- _____ I understand that giving false or incomplete information is grounds for refusing placement or terminating employment.
- _____ I understand that the City of Austin will review my entire criminal history.
- _____ I understand that a criminal background investigation will be conducted periodically as specified by the CBI addendum for this position without further notice and for the duration of employment in this position.
- _____ I understand that these reports will be used for employment and work assignment purposes.
- _____ I understand that this acknowledgment is in effect throughout my employment or contract at the City of Austin.

Signature

Date

VP

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|--|
| <p>For HRD Office Use Only:</p> <p>Please Check and Initial each Applicable Space</p> <p>CCH Report Printed: YES _____ NO _____ _____ initial</p> <p>Purpose of CCH: <u>Employment</u></p> <p>Hire _____ Not Hired _____ _____ initial</p> <p>Date Printed: _____ _____ initial</p> <p>Destroyed Date: _____ _____ initial</p> <p>Retain in your files</p> |
|--|