Austin Parks & Recreation Department Aquatic Division Supplement Form

15 Years Old

Please circle the position(s) that pertain to you (lifeguards cannot also cashier):

Lifeguard	Water Safety Instruc	ctor	Swim Coach	Cashier
Head Guard	Pool Manager	Supervise	or Oth	er
Name:			_(CELL) Phone	:
Address:			Alternate Phone:	
City/State:				Zip:
E-mail address (PRIN	Γ CLEARLY)			
Date of Birth:	Age:		SSN:	
How did you hear ab	out this job? (Please be spec	cific)		
•	teaching swim lessons?			
•	coaching a swim team?			
•	suspended from school?			
	worked for the City of Aust		NO	
North* Please note that these rati	Austin where you prefer to wo **North Central ngs do NOT guarantee a specific are w Pool will require an additional cer	South Ce	ntral	ork.
Name:Phone # they can be i	y who should we contact? reached at: tion we need to know about	Alt	ernate number:	

YOU ARE REQUIRED TO WORK WEEKENDS AND HOLIDAYS DURING THE SEASON. VACATIONS AND TIME OFF MUST BE APPROVED BY YOUR SUPERVISOR PRIOR TO ANY TRIPS.

*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:	
	RC Water Safety Instructor
ARC CPR for Professional Rescuer Ce	rtified Pool Operator (CPO)
	ommunity CPR (adult, infant, child)
ARC Lifeguard Training Instructor Level Of	her
I understand that the training provided to me and the certific employment with the City of Austin Aquatic Division. The this obligation at its discretion and this agreement does not a period of time.	city shall have the right to release me from
I understand that if hired by the City of Austin Parks and Reseasonal and will not extend past my assigned facility's last basis, year round, I may be required to reapply for those post that I am not guaranteed a certain number of hours during the determined by program demand, facility need, weather, mobunderstand that I may not work over 40 hours a week at any	day of operation. To work on a part-time sitions in late August. I further understand the summer season. Hours and schedules are bility, and employee experience. I also
If I am hired as a Head Lifeguard, Pool Manager, Superviso have keys to any of the facilities I am fully responsible for them in at the end of the season I will replace them at a cost	hose keys. If I lose the keys or do not turn
I understand that if I am hired by the City of Austin Parks and Rec	creation Aquatic Division I will be required to:
Attend mandatory Orientation Attend all area specific mandatory paid in-service mee Be at work and remain free from being under the influe 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	ence of drugs and or alcohol
Signature:	Date:
Parent Signature if minor (under 18):	Date:

Interviewers Comments:



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.

Iliana Venegas, Human Resources Manager Parks and Recreation Department		
Applicant Signature I understand and accept the terms of this offer	Date	
Parent or Guardian Signature (<i>If under 18 years of age</i>) Lunderstand and accept the terms of this offer	Date	







Statement of Understanding For 14 & 15 Year Old Minors

The City of Austin Parks and Recreation Department is committed to compliance with the Federal Child Labor Law by having a policy which states that 14 & 15 year olds may work:

- No more than 6 hours on a non-school day or 30 hours during a non-school week.
- No more than 2 hours on a school day, 16 hours during a school week. This includes summer school.
- Only between 8:00 AM and 6:00 PM during a school year (after the first day of school and before June 1). However, between June 1 and the first day of school, they may work between the hours of 8:00 AM and 8:00 PM

(For the Employee)						
I,	, understand I am limited to only 30					
hours per week. I cannot work with this policy, I will inform n schedule that may conflict with over my allocated hours or pick	more than 6 hours on a given day. In order to comply my immediate supervisor in advance of any school my assigned work schedule and this policy. If I work tup "extra" shifts without authorization from my ary action will be enforced which may include immediate					
Printed Name	Signature of Employee					
Date						
(For the Parent/Guardian)						
	, understand that my son/daughter e, must comply with the above stated Parks and					
Printed Name	Signature of Parent/Guardian					
Date						

P-9 Minor's Release

The State of Texas	Know all men by these presents:
County of Travis	
That I,	, am the legal parent
of	, a minor:
employment with the City of Aust City of Austin in such undertaking compensation as may be agreed up That said minor may do such work consideration of his/her employment to pay the said minor all wages or	ng said minor, who is of the age of years, to secure tin, do hereby agree that said minor may be employed by the gs and lines of employment and for such wages and pon by and between said minor and the said City of Austin. It is as the said City of Austin may call upon him/her to do, and in tent by the said City. I hereby authorize and empower said City compensation earned by him/her while in its employ direct to r in which said City pays its other employees. That I do hereby or compensation.
damages resulting from injuries su consent to the employment of the	nits and actions which may hereafter be instituted by me, for astained by said minor while in the employ of said City, the said minor hereby being given and the agreement herein any recovery by me and may be urged and taken advantage of minor alone.
manumit the said minor and authorsingular every matter connected w	eement being as between me and the said City of Austin to brized and empower him/her to deal with the said City in all and with or arising out of his/her employment, or any accident or employed, in the same manner and to the same extent as though
THAT the said(Name of M	
day of	A.D., 19
This day of	, 20
(Signature of parent)	

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 wil	l make all reasonable efforts to contact	me and
provide me with notice in the event that	t	
requires emergency medical or dental to	reatment. In the event that the City of A	Austin
cannot contact me and give me notice.	I understand that I am hereby authorizi	ng the City
of Austin to consent to such treatment of	on my behalf. I understand that the City	of Austin
will seek necessary emergency treatment	nt for my child (or ward) only in the eve	ent that
my child (or ward) is injured or harmed	I while in the employ of the City of Aus	tin.
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.

•		. ,		, ,	•		
Depart	ment		PARD)	Work Location	Aquatics	
Position	ı Title						
Job Status	Applio	cant □Emplo	yee	☐Community Se	rvice Restitution (CSR)	Volunteer	
(check one)	□Volun	nteer		Hours needed	Court issued c	ompletion date	
Full Legal Name (Please print)	(First	t Name)	(Middle	e Name) (La	st Name)		
Date of Birth (month, date, year)				Social Security Number onal for Volunteers)		Gender	emale
Ethnicity (Optional)	☐ Black	e/Caucasian k/African America anic or Latino rican Indian/ Alas	n [nic or Latino or other Pacific Islander es, not Hispanic or Latir		
Please complete the ne	xt two q	uestions <u>only</u> i	f you	are 15-16 years o	of age:		
Have you lived outside the state of Texas in the last 10 years? State and national criminal background check. You will receive fingerprinting information separately.							
Have you lived outside the las	ved outside the <u>U.S.</u> in the last 10 years?						
ACKNOWLEDGEMENT:		•			d sign in agreement accurate, and comple		
Signature					Date		_
Parent Signature					Date		_
Email Address					Phone #		
				Please Ch CCH Rep Purpose o Hire Date Print	eck and Initial each Ap	NO initial nt Volunteerinitialinitial	;