

**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 (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 _____

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:

<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



P-9 Minor's Release

The State of Texas
County of Travis

Know all men by these present:

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)

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.

Department	PARD	Work Location	Aquatics
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Position Title	Muniprogram Paraprofessional-
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Job Status <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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Full Legal Name <i>(Please print)</i>	<i>(First Name)</i>	<i>(Middle Name)</i>	<i>(Last Name)</i>
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Date of Birth <i>(month, date, year)</i>	Social Security Number <i>(Optional for Volunteers)</i>	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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Please complete the next two questions only if you are 15-16 years of age:

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.
Have you lived outside the <u>U.S.</u> in the last 10 years?	<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

For HRD Office Use Only:	Retain in your files
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	

2020 – 2021 Participant Agreement

I agree to participate in a Lifeguard training course designed to provide me with certification as a lifeguard for the City of Austin Parks and Recreation Aquatic Division. I have no mental or physical impairment that would affect me in my ability to complete the course.

I agree to:

- Attend all listed class dates on time for successful course completion.
- Be attentive and listen to presentations and instructions given in order to learn the skills and techniques being taught.
- Follow instructions fully and completely, asking questions when I do not understand.
- Use skills or techniques I have learned in other classes only after I have been given prior approval from the instructors.
- Inform the instructors when I am not feeling well or when I feel that an exercise or drill may be beyond my ability.
- Inform the instructors immediately if I get hurt or injured during any training or class activity.

I understand that:

- If I drop out of my class after the first day, I will lose my registration fee.
- If I attend a class in its entirety and I fail I will not receive a refund.
- If I don't pass the CPR or Lifeguard portion of the Review class, I must take a Full lifeguard class.
- I understand that I may be discharged from this course at any time for disciplinary issues, attendance problems, or for lack of subject comprehension and skill proficiency.

A few reminders:

- No confirmation will be mailed to you.
- You need to provide the Aquatic office with 48-hour notice if you will not be able to attend the class. You will lose your class payment if less than 48-hour notice is given, unless a doctor's note is provided.
- Each student is encouraged to have a doctor's approval to participate in a Lifeguard class.
- You will be required to reschedule your class if the one you sign up for does not meet the minimum number of students needed to hold a class.
- Retain your receipt for proof of payment.
- **No refunds will be given once the first day of class has started.**
- I also understand that if I no-show, no-call for a class that I am registered for, I may not be eligible to work for the Aquatic Division and I will lose my registration fee.
- The certification you will be receiving is the StarGuard Elite or Starfish Aquatics certification.
- All classes are offered only to current city employees and applicants. Contact the Aquatics Office at 512-974-9330 for any additional information.

I understand by taking this class I will encounter risk. In consideration of a participant being allowed to participate in the registered class(s), the undersigned hereby releases the City, its employees and agents, from any action, claim or demand of personal injury. I understand that my certification is provided by StarGuard Elite and the City of Austin Parks and Recreation Department. This certification is only valid at City of Austin facilities and may not be recognized elsewhere. I must renew my certification annually and City of Austin PARD retains sole rights to my certification.

Signature: _____ Date: _____

If under 18 years old, parent or guardian must sign in agreement with Aquatic Division policy.

Parent/Guardian: _____ Date: _____