

# CITY OF SPRINGFIELD, MINNESOTA



## SWIMMING POOL EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, familial, or veteran status, or any other legally protected status.

Applications filed with the City of Springfield are public records unless otherwise stated in the Minnesota Government Data Practices Act. Personal Information including social security number and driver's license number are protected from public disclosure in all cases.

### Required Documentation to be included with application

**All Applicants:** Copy of lifeguard certification certificate, WSI Card (if applicable), and CPR card  
**New Applicants:** Copies of Driver's License OR Permit OR other ID card, and social security card.

**Please remember that the Springfield Municipal Swimming Pool is open seven days a week. Therefore, you must be available to work nights, weekends, and holidays.**

### PLEASE PRINT CLEARLY

Position(s) Applied For: Please circle all you wish to apply for	Date of Application
Manager      Assistant Manager      Lifeguard      WSI      Controller Please circle one	If part time please indicate desired approximate number of hours per week _____
*I am interested in working <b>Full Time</b> or <b>Part Time</b> *full time is considered around 40 hours a week, part-time less than 40 hours a week	
How Did You Learn About the Position?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Relative <input type="checkbox"/> Internet <input type="checkbox"/> Previous Employment <input type="checkbox"/> Other	

Last Name		First Name		Middle Name	
Address Number	Street	Apt.	City	State	Zip Code
Home Telephone Number		Cell Telephone Number		Email Address	

**Parent/Guardian/Emergency Contact Information:**

Name: \_\_\_\_\_ Home phone# ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone# ( ) \_\_\_\_\_

Email- \_\_\_\_\_

**EDUCATION**

<b>Type of School</b>	<b>School Name</b>	<b>City/State</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Did you Graduate?</b>
<b>High School</b>					
<b>Undergraduate College</b>					
<b>Graduate/ Professional</b>					
<b>Technical School</b>					
<b>Other</b>					

# EMPLOYMENT EXPERIENCE

*Provide the following information of your past four (4) employers in chronological order starting with the most recent. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

**1.**

Employer	Address	Telephone Number	Job Title
Supervisor	Reason for Leaving		Dates Employed (mo/yr to mo/yr)
Work Performed/Duties			
This position was ( <input type="checkbox"/> or <input type="checkbox"/> )			
May we contact this employer?		yes <input type="checkbox"/>	no <input type="checkbox"/>

**2.**

Employer	Address	Telephone Number	Job Title
Supervisor	Reason for Leaving		Dates Employed (mo/yr to mo/yr)
Work Performed/Duties			
This position was ( <input type="checkbox"/> or <input type="checkbox"/> )			
May we contact this employer?		yes <input type="checkbox"/>	no <input type="checkbox"/>

**3.**

Employer	Address	Telephone Number	Job Title
Supervisor	Reason for Leaving		Dates Employed (mo/yr to mo/yr)
Work Performed/Duties			
This position was ( <input type="checkbox"/> or <input type="checkbox"/> )			
May we contact this employer?		yes <input type="checkbox"/>	no <input type="checkbox"/>

4.

Employer	Address	Telephone Number	Job Title
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	
Work Performed/Duties			
This position was ( <input type="checkbox"/> or <input type="checkbox"/> )         May we contact this employer?    yes <input type="checkbox"/> no <input type="checkbox"/>			

## REFERENCES

*Please provide the names of three people not related to you whom have known you for at least one year*

	Name	Address	Phone	Email	Yrs. known
1					
2					
3					

## ADDITIONAL INFORMATION

1. Date of Birth \_\_\_\_\_  
*Minimum age requirements are as follows:*  
*Manager and Assistant Managers- 18 years*  
*WSI- 16 years*  
*Lifeguards- 15 years*  
*Controllers- 14 years*

2. Do you plan on having another job in addition to the pool?    Yes     No   
 If yes, list where: \_\_\_\_\_

3. Are you in any sports or other activities during the summer? Yes  No   
If yes, please list them: \_\_\_\_\_

4. Are you willing to teach or help with swimming lessons? Yes  No

5. Are you planning to advance your current Red Cross Standing before the start of the season (ie-obtain lifeguard or WSI certification)? Yes  No

If yes, please explain how and when you will advance your standing:  
\_\_\_\_\_

6. Swim Suit Size for Uniform \_\_\_\_\_ (women's one piece size number, men's trunks S, M, LG, XL, etc.)

7. Windbreaker Jacket Size \_\_\_\_\_ (S, M, LG, XL, etc.) *Note: Windbreakers are to stay at the pool house at all times*

8. What certifications do you currently have? (To be considered for employment as a lifeguard you must be currently certified in Lifeguard Training, Standard First Aid, and Adult (CPR)). **Please attach a photocopy (front and back) of all of your certifications to this application.**

Type of Certificate	Expiration Date	Chapter of Authorization (ie Red Cross)
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Lifeguard Training	_____	_____
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Standard First Aid	_____	_____
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Adult CPR	_____	_____
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Water Safety Instructor	_____	_____
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Other	_____	_____
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9. Please indicate previous aquatic work experience, approximate dates, and the ages taught. (examples: swimming lessons, swim team coach, water fitness, canoeing, sailing, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If hired when can you start? \_\_\_\_\_

11. What is your anticipated last day you will be available to work (please account for sports and other school activities you may be involved in)

\_\_\_\_\_

12. What is your desired salary? \_\_\_\_\_

13. Please list any dates you know you will not be available. (*Note: time off requests will be granted on a first-come, first serve basis contingent upon available staff for the date(s) requested off*)

## APPLICANT'S STATEMENT

I certify that the information and answers given herein are true and complete to the best of my knowledge. I authorize the City of Springfield to investigate all of the statements contained in this application for employment as may be necessary for arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Manager or (his/her) designee. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and policies of the City of Springfield.

\_\_\_\_\_  
Signature of Applicant (must be an original signature)

\_\_\_\_\_  
Date

## REFERENCE CHECKS RELEASE AUTHORIZATION

I, (please print name) \_\_\_\_\_, hereby authorize investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of \_\_\_\_\_, as may be needed to arrive at an employment decision. I also authorize any or all educational institutions and prior employers listed in the Application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I release the City of Springfield and those parties from any and all liability or claims for damage that may result from such.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please return application with copies of any certifications to:**

Springfield City Hall  
2 E. Central St.  
Springfield, MN 56087  
Phone-507-723-3517  
Heidi.Wersal@springfieldmn.org

## **CITY OF SPRINGFIELD, MINNESOTA**

### **Equal Employment Opportunity Information**

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Springfield appreciates your cooperation in our efforts to ensure Affirmative Action and equal opportunity.

**Please indicate the position(s) for which you are applying:**

**Please indicate how you heard about this position:**

Please place a check in the appropriate blanks:

Gender  Male  Female

**With which racial ethnic group do you identify?**

- Asian or Pacific Islander  
 African American (Black)  
 Native American or Alaskan Eskimo  
 Caucasian (White)  
 Other (Please indicate: \_\_\_\_\_)

**Disability status, defined as:**

- (1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;  
(a) Has a record of such an impairment (condition);  
(b) Is regarded as having such impairment (condition).

**Based on the above information, do you claim Disability status?**

Yes  No

# Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Springfield. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
  - Your employee identification number (which is not your Social Security number);
  - Your actual gross salary, contract fees, salary range, and actual gross pension;
  - The value and nature of employer paid benefits;
  - The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
  - Your job title, bargaining unit (if applicable) and job description;
  - The dates of your first and last employment with us;
  - The status of any written complaints or charges against you while you work for the City of Springfield, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
  - Your work location and work telephone number;
  - Your education and training background;
  - Work-related continuing education;
  - Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public

data;

- Your previous work experience;
- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city’s Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

**NOTICE REGARDING SOCIAL SECURITY NUMBER:** This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

**NOTICE TO MINORS:** Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of Springfield at 2 East Central St., Springfield, MN 56087. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**