



Date Received _____

Lebanon Parks & Recreation

Seashore Waterpark Seasonal Application

Concessions Lifeguard

The City of Lebanon is an equal opportunity employer.

Please Print

Name _____ Date _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Email Address _____ Phone (____) _____

Social Security Number _____ Date of Birth _____

EMERGENCY CONTACT

Name _____ Relation _____ Telephone(____) _____

SCHOOL	NAME & ADDRESS	YEARS COMPLETED	MAJOR DEGREE
High School			
College			
Technical or other			

List special skills or qualifications: _____

High School Equivalency Diploma (GED) obtained, if so where? _____

First available day to begin work: _____

List any job-related volunteer work, clubs/organizations, or special skills: _____

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Have you worked for the City of Lebanon before? _____ In what position? _____
Have you ever been convicted of a crime that has not been expunged as permitted by law? _____
If yes, please state date, court and case number of conviction? _____

EMPLOYMENT HISTORY *(List most recent or present place of employment first)*

Employer _____	Employer _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____
Hourly Wage/Salary _____	Hourly Wage/Salary _____
Dates Employed _____ to _____	Dates Employed _____ to _____
Position _____	Position _____
Name of Supervisor _____	Name of Supervisor _____
May we contact all previous employers? _____	If no explain: _____

REFERENCES *(Please list two references other than relatives or previous employers.)*

Name _____	Name _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and compete to the best of my knowledge and authorize the City of Lebanon to verify their accuracy and to obtain reference information on my work performance. I hereby release the City of Lebanon from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having employment decision based on such information.

I understand that, if employed, falsified statement of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that Indiana law prohibits smoking in or around City offices by employees, Department Heads, and Elected Officials. I further understand that I may be subject to penalties under Indiana law and also subject to disciplinary action up to and including termination of employment if I violate this policy.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulation of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that I or the Employer may terminate my employment at any time with or without notice or cause.

Applicant's Signature _____

Applicant Name *(Printed)* _____