



Des Moines Pool Metropolitan Park District APPLICATION FOR EMPLOYMENT



The Des Moines Pool Metropolitan Park District is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state or local law.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- A separate original application must be completed for EACH POSITION for which you are applying. We require the original application even if you fax your application to us. *Complete the application thoroughly.*
- Your answers determine whether you will be considered. We will not accept "See Resume." Resumes may be used to supplement an application, but may not be used in lieu of completing the application form.
- Applications that are incomplete will not be accepted.
- Be sure to sign your name and enter the date you signed it where the application asks. Original signature is required.
- Keep a copy of your application and any attachments because what you submit will not be returned.
- Only applicants who are interviewed will receive notice of selection.
- If you require a reasonable accommodation to complete the employment application process, please advise.
- Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

CURRENT CERTIFICATIONS

Lifeguard Certification	Number	Where Issued
ARC/AED/CPR Certification	Number	Where Issued
Water Safety Instructor	Number	Where Issued
Pool Operator Certificate	Number	Where Issued
Other Certificates	Number	Where Issued
Languages Read, Written or Spoken Fluently Other Than English		

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

CRIMINAL CONVICTIONS

The Des Moines Pool Metropolitan Park District is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? YES NO

If Yes, Please Provide Details Regarding the Crime and the Sentence or Fine Imposed:

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Number Employees Supervised	
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No

OTHER PROFESSIONAL/VOLUNTEER POSITIONS

Position	Employer	Dates of Employment

To the best of my knowledge, the information herein is true and complete. I have read the JOB Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the Des Moines Pool Metropolitan Park District is authorized to complete a thorough background check pursuant to the Child/Adult Abuse Information Act. As part of its background investigation, the District may obtain a consumer report from a consumer reporting agency because your credit information is considered job related. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver’s License. I authorize investigation of all statements in this application.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

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