

SWIMMING POOL POSITIONS AVAILABLE

The City of Stewartville is accepting applications until April 11th for Lifeguard Positions, Water Safety Instructors and Concessions at the Pool for the 2017 Summer Season.

Applications can be picked up at City Hall or downloaded off our website
<http://stewartvillemn.com/government/public-notice/employment-opportunities/>

Cheryl Roeder
City Clerk



www.stewartvillemn.com

We welcome you as an applicant for employment with the City of Stewartville, MN. Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the City of Stewartville to provide equal opportunity employment to all persons. This policy prohibits discrimination because of race, color, sex, national origin, political affiliation, place of residence, marital status, sexual preference, status with regard to public assistance or disability, as is consistent with the City's policy of hiring a well-qualified person so as to maintain the high standards of public service required of all City employees. This policy applies to all phases of permanent and part-time employment by the City of Stewartville. Please furnish with us complete information as outlined in this application. You are encouraged to attach any additional information or materials, which you believe qualify you for the position for which you are applying.

POOL EMPLOYMENT
Application Due: April 11, 2017

Please print in ink.

GENERAL INFORMATION

Position Applying For:

Lifeguard (must be 16 or older) _____ Swim Team Coach _____
 Instructor _____ Concessions _____
 Water Aerobics Instructor _____ Front Desk Attendant _____

Date Available to Start: _____

Last Name:		First Name:		
Street Address:	City	State	Zip:	Cell No.

Are you under 18 years of age? _____ Yes _____ No

Employment History- Most Current

Present or Last Employer:			
Address:	City	State	Zip
Supervisor Title & Name	Phone # ()	May we Contact? Yes No	
Dates of Employment	Hours Works/Week	Job Title	Last Salary or Hourly Wage
Reason for Leaving:			
Specific Duties:			

Accommodations

Do you have any physical or health limitations that would require special or reasonable accommodations by the

City: Yes No

If yes, please describe the nature of the accommodation: _____

Employment of Relatives

List any relatives currently employed by the City of Stewartville

Name	Relationship to You

Personal References (Not former employees or relatives)

Name & Occupation	Address	Phone Number

Tennessean Warning/Data Practices Notice to All Applicants

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the City of Stewartville during the application process or during employment. Any information about yourself that you provide will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public; veteran status, relevant test scores, rank on our eligible list; job history; education and training; work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Stewartville. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the City staff who need it to process the application, update your personnel record, evaluate your work performance and if you are handicapped, provide the necessary accommodations.

It may be shared with the following: persons authorized to have access to the information under State or Federal law; persons authorized by Court Order to have access to the information; and persons to whom you consent in writing to have access to the information.

With the exception of racial and ethnic data, the data you give us about yourself is needed to identify you and to assist in determining your suitability for the position for which you are applying. Racial and ethnic data is used in summary form by the City's Affirmative Action Program to monitor protected class employment and to meet Federal, State and Local reporting requirement. Furnishing racial and ethnic data about yourself, as well as your social security number, is voluntary.

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the Application for Employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended, to be a contract for employment.

In the event of employment, I understand that false or misleading information given in my application, or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City.

I certify that I have read the "Notice to Application" regarding the Minnesota Data Practice Act (MN Statutes 1301-1390), and I understand my rights as a subject of data.

Applicant Signature: _____ Date: _____

City of Stewartville
Request for Background Check Information

Background Check May Include (but not limited to):

*Civil & Criminal Record Check *Driver's License Check *Outstanding Warrants

Please attach a copy of your Driver's License

Requested Information (please print)

1. Applicants Name: _____
2. Address: _____
3. Driver's License, State Identification or Military ID: _____
4. Date of Birth: _____ 5. Phone # _____ 6. Sex: M__ F__
7. Maiden Name: _____
8. Other Addresses: _____

Release Information to:

I, the undersigned do hereby authorize the Olmsted County Sheriff's Dept. to release any background information on me as permitted by law.

Signature

Date

Parents Signature if under 18

Date

FOR OFFICE USE ONLY:

Record: _____ No Record: _____ Processed by: _____