

LIFEGUARDS
Temporary Part-Time
2019 SUMMER SWIMMING SEASON

| POSITION | SALARY |
|---------------------|------------------------|
| LIFEGUARD I | \$12.00 an hour |
| LIFEGUARD II | \$12.60 an hour |

LIFEGUARD I: Completion of a Lifeguarding/First Aid and CPR for the Professional Rescuer Course. Applicant must be at least 16 years old.

LIFEGUARD II: Completion of a Lifeguarding/First Aid and CPR for the Professional Rescuer Course and Water Safety Instruction for Lifeguard II. Applicant must be at least 17 years old.

REQUIREMENTS: Must be able to swim and list swim experience on application.

To be a City of Corning Lifeguard, you must be able to comply with the following prerequisites:

- ✓ You must be able to swim (either freestyle or the breaststroke) for 300 yards; equivalent to 12 laps at the Corning City Pool.
- ✓ You must be able to retrieve a 10-pound brick from the bottom of the pool and once on the surface of the water and on your back, kick-swim to the wall without the use of your hands.
- ✓ You must be able to tread water for 2 minutes without the use of your hands.
- ✓ You must become certified in First Aid and CPR prior to opening day.

The Pool Manager will be offering a Lifeguard Training Course in May.



City Application Required
Completed Applications must be received by March 22, 2019 at 5:00 pm

Applications available at the City of Corning Web Page: www.corning.org, or in person at:

City of Corning
794 Third Street
Corning, CA 96021
530/824-7029

City of Corning is an Equal Opportunity Employer



City of Corning EMPLOYMENT APPLICATION

Return completed application to:
 Personnel Department
 794 Third Street • Corning, CA 96021
 (530)824-7033 • www.corning.org

Date _____

Position Applied For: _____ Rate of pay expected _____

Name _____ Email address _____
 Address _____ City _____ State _____ ZIP _____
 Mailing Address (If different from above) _____
 Home Phone (_____) _____ - _____ Message Phone (_____) _____ - _____
 Are you a U.S. Citizen? Yes No If not, are you a legal resident? Yes No
 Driver's License # _____ Class _____ State Issued _____ Expiration Date _____
 Were you previously employed by the City of Corning? Yes No If yes, when? _____
 Under what names? _____
 List any relatives working for the city:

| NAME | ADDRESS | PHONE # | RELATIONSHIP |
|------|---------|---------|--------------|
| | | | |
| NAME | ADDRESS | PHONE # | RELATIONSHIP |
| | | | |

Can you swim? Yes No

Describe your swimming abilities/experience:

| | Name & Address of School | Course of Study | No. of Sem Units | Did You Graduate? | Diploma or Degree | Grade Point Average |
|---------------------------------------|--------------------------|-----------------|------------------|-------------------|-------------------|---------------------|
| High School | | | | | | |
| | | | | | | |
| College | | | | | | |
| | | | | | | |
| Other (Specify) Business, Trade, etc. | | | | | | |
| | | | | | | |
| | | | | | | |



In order for your application to be considered, the following section **MUST** be completed.

A resume may be attached but will not be acceptable in lieu of this section.

List below all present and past employment **FOR THE LAST 10 YEARS** beginning with your most recent job.

| | | | |
|-----------------------|--------------------|-----------------|-------------|
| Dates Month - Year | COMPANY | POSITION HELD | |
| | ADDRESS | YOUR SUPERVISOR | |
| Start | BUSINESS | YOUR DEPARTMENT | PHONE # |
| End | REASON FOR LEAVING | | YOUR DUTIES |
| Total Time | | | |
| Dates Month - Year | COMPANY | POSITION HELD | |
| | ADDRESS | YOUR SUPERVISOR | |
| Start | BUSINESS | YOUR DEPARTMENT | PHONE # |
| End | REASON FOR LEAVING | | YOUR DUTIES |
| Total Time | | | |
| Dates Month - Year | COMPANY | POSITION HELD | |
| | ADDRESS | YOUR SUPERVISOR | |
| Start | BUSINESS | YOUR DEPARTMENT | PHONE # |
| End | REASON FOR LEAVING | | YOUR DUTIES |
| Total Time | | | |
| Dates Month - Year | COMPANY | POSITION HELD | |
| | ADDRESS | YOUR SUPERVISOR | |
| Start | BUSINESS | YOUR DEPARTMENT | PHONE # |
| End | REASON FOR LEAVING | | YOUR DUTIES |
| Total Time | | | |

May we contact the employers listed? Yes No If not, which one(s) may we contact?

Have you every been discharged or forced to resign? Yes No If yes, describe:

I HEREBY CERTIFY THAT MY ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AGREE AND UNDERSTAND THAT ANY OMISSION OR MISSTATEMENTS OF MATERIAL FACTS CONTAINED IN THE APPLICATION MAY CAUSE ME TO FORFEIT ALL RIGHTS OF EMPLOYMENT. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME WILL BE VERIFIED AND THAT FAILURE TO COMPLETELY ANSWER ANY QUESTION MAY RESULT IN MY NOT BEING CONSIDERED FOR EMPLOYMENT. **THE CITY OF CORNING IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.**

Signature of Applicant _____ Date _____