

**CITY OF OSCEOLA, NEBRASKA**  
**POOL MANAGER/ASST. MANAGER APPLICATION**

(Late applications may not be accepted)

NAME: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**REQUIREMENTS**

1. Position Applying for: \_\_\_\_\_
2. Are you at least 19 years old? \_\_\_\_\_
3. Do you have a pool manager's license? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**INFORMATION**

1. What date will you be able to start work? \_\_\_\_\_
2. Do you enjoy working with children? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Do you have any other activities such as playing ball or another job that will require you to either miss work or have the work schedule adjusted to allow you to do both? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you have any extended absences planned this summer such as vacations, camps, etc. that will require you to miss work? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, what dates? \_\_\_\_\_  
\_\_\_\_\_
5. Are you a certified life guard? (Advanced Lifesaving and C.P.R.) YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, Expiration Date: \_\_\_\_\_  
*(Life guard certification is not required for pool manager position, but is preferred.)*

**PRIOR EMPLOYMENT: (include any pool and/or personnel management)**

1	Employer	Phone
	Employer's Address	Dates Employed
	Responsibilities	
2	Employer	Phone
	Employer's Address	Dates Employed
	Responsibilities	

3 \_\_\_\_\_  
 Employer Phone  
 \_\_\_\_\_  
 Employer's Address Dates Employed  
 \_\_\_\_\_  
 Responsibilities

**REFERENCES: (do not include previous employers or relatives)**

1 \_\_\_\_\_  
 Name Phone  
 \_\_\_\_\_  
 Address

2 \_\_\_\_\_  
 Name Phone  
 \_\_\_\_\_  
 Address

3 \_\_\_\_\_  
 Name Phone  
 \_\_\_\_\_  
 Address

**POSITIONS OF RESPONSIBILITY: (school, work, community, etc.)**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_

I certify the information in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature Date

Use an additional page if needed. Please return application to:

City Clerk  
 350 N. State St.  
 P.O. Box 701  
 Osceola, NE 68651