

Oglesby Parks and Recreation Department
SEASONAL EMPLOYMENT APPLICATION

110 East Walnut Street, Oglesby IL 61348

parks@oglesby.il.us (815) 883-8121 FAX (815) 883-9858 www.oglesby.il.us

Position(s) Applied for _____ Date _____

The City of Oglesby considers all applicants without regard to race, color, religion, creed, gender, natural origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name _____ First Name _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Social Security # _____ Drivers License # _____

Have you ever been employed with the City of Oglesby before? _____ If so, when? _____

Are you aware of any reason you cannot perform the essential functions of this job with or without reasonable accommodations? _____ Yes _____ No

Are you employed now? _____ Date available to begin work _____

SKILLS (check applicable categories)

Power Tools Operation
First Aid
Public Relations
Facility Maintenance
Officiating

Landscaping
Carpentry
Supervisory Experience
Zero Turn Mower Experience
Other _____

Working with Children
Swimming
Camp Counseling
Painting

TRAINING (Specify any training which you have taken with regard to the above skills)

VOLUNTEER WORK or experience that might be applicable

REFERENCES (Name two non-family members who know you and your capabilities and to whom we may refer in confidence)

NAME	OCCUPATION	PHONE
_____	_____	_____
_____	_____	_____

EDUCATION

Full time student? _____ Yes _____ No School Attending? _____
Highest Grade Completed _____ College Major/Degree? _____
List related courses in Parks and Recreation _____

WORK EXPERIENCE (Begin with present or last employment)

Employer _____	Job Title _____
Address _____	Dates employed _____
Reason for leaving _____	
Employer _____	Job Title _____
Address _____	Dates employed _____
Reason for leaving _____	

I certify that these statements are complete and correct to the best of my knowledge

Signature _____ Date _____

OGLESBY MUNICIPAL SWIMMING POOL LIFEGUARD QUESTIONNAIRE

Name _____

Phone _____

Email _____

Certificates that you currently hold:

Basic First Aid _____ Lifeguard _____

CPR _____ WSI _____ LGI _____

Please give the following information for your CURRENT certificates:

Certificate	Date	Location of class	Instructor

If you are NOT currently a lifeguard, and at least 15, are you willing to go through the necessary classes to become a lifeguard? YES _____ NO _____

Do you know of any specific days that you will need off (vacations, etc)?

Do you have any previous experience?

Who should be notified in case of emergency?

Use the area below or the back to explain any of the above or for anything else that you'd like us to know.

*****All employees of the Oglesby Municipal Pool will need an up to date Lifeguard Certificate, along with the completion of online safety classes provided by the City of Oglesby before being allowed to work.**

RETURN INFORMATION TO:
 Oglesby City Clerk's Office
 110 East Walnut Street
 Oglesby, IL 61348
