

VILLAGE OF BLUFFTON
154 N. MAIN STREET
PO BOX 63
BLUFFTON, OH 45817
Phone: (419) 358-2066 * Fax: (419) 358-8137

MUNICIPAL SWIMMING POOL APPLICATION

Position applying for: <input type="checkbox"/> Manager <input type="checkbox"/> Asst. Manager <input type="checkbox"/> Lifeguard
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Please Print **Returning Asst. Manager** **Returning Lifeguard**

Name _____	Social Security Number _____		
Address _____			
Phone Number _____	Cell _____		
Email Address _____			
High School Attending _____	College Attending _____		
↓	↓		
End Date _____	Start Date _____	End Date _____	Start Date _____

CERTIFICATION

WSI _____ Lifeguard _____ CPR _____
Please Include a copy of Current Certification.
If not attained yet, anticipated date of Certification: _____

WORK EXPERIENCE

Dates	Employer	Position

ADULT REFERENCES (Non-Family Members)

Name	Address	Phone Number

I affirm that the information provided on this application for employment is true and accurate to the best of my knowledge. Furthermore, in the event of appointment, I agree to abide by the rules and regulations of the Village of Bluffton, Ohio, and I understand that my failure to comply in any way may be cause for dismissal as an employee of the Village of Bluffton.

Signature _____ Date _____