



OFFICE USE ONLY A SOLID FOUNDATION

# NATALIE WEBB FAMILY AQUATIC CENTER EMPLOYMENT APPLICATION

CITY OF DODGE CENTER  
35 East Main Street, P.O. Box 430  
Dodge Center, MN 55927  
(507) 374-2575  
[www.ci.dodgecenter.mn.us](http://www.ci.dodgecenter.mn.us)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

## PERSONAL

(Please Print)

Date of Application: \_\_\_\_\_

POSITION APPLIED FOR: *(You may check more than one)*

Lead Lifeguard       Lifeguard       Water Safety Instructors

Rotation Staff (Front Desk Attendant; Crossing Guard; Food Court)     Manager

How Did you Learn About Us?

Advertisement       Relative/Friend       Social Media

Employment Agency       School       Other

Name *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *MI* \_\_\_\_\_

Address *Number* \_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

What date are you available to start? \_\_\_\_\_

Have you ever filed an application with us before?      **Yes / No** *(Circle)*      If Yes, Provide Date \_\_\_\_\_

## EMPLOYMENT HISTORY

Starting with the most recent position, list your last two employers

Employer	Contact Person/Phone	Dates	Job	Reason for Leaving
1.				
2.				

Do we have permission to contact your present employer?      **Yes / No** *(Circle)*

## EDUCATION

Last Grade Completed ( <i>Circle One</i> ):    7    8    9    10    11    12    Some College		
School	Name, City, State	Projected Graduation Year
Jr. or Senior High		
College		
Other (Specify)		

## QUALIFICATIONS

Please check if you have any of the following certifications:

- Red Cross Lifesaving *Expiration Date:* \_\_\_\_\_
- Red Cross W.S.I. *Expiration Date:* \_\_\_\_\_
- Red Cross Lifeguarding *Expiration Date:* \_\_\_\_\_
- Red Cross CPR *Expiration Date:* \_\_\_\_\_
- Red Cross First Aid *Expiration Date:* \_\_\_\_\_
- American Heart Association CPR *Expiration Date:* \_\_\_\_\_
- List Others: \_\_\_\_\_ *Expiration Date:* \_\_\_\_\_

## ADDITIONAL INFORMATION

**OTHER QUALIFICATIONS** (*Summarize special job-related skills and qualifications acquired from employment or other experience.*)

## REFERENCES

1. \_\_\_\_\_  
(Name) (Phone #)
2. \_\_\_\_\_  
(Name) (Phone #)

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. 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 employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

CHILD PROTECTION BACKGROUND CHECK ACT  
City of Dodge Center  
PO Box 430 35 East Main Street Dodge Center MN 55927  
(507)374-2575

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, City of Dodge Center will request the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62.

Have you ever been convicted of any of the following crimes? (If yes, please attach a description of the crime and the particulars of the conviction.)

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

BACKGROUND CHECK CRIMES  
Under Minnesota Statutes Chapter 299C

- |                                      |                               |               |
|--------------------------------------|-------------------------------|---------------|
| -- Murder                            | -- Felony Level Assault       | -- Kidnapping |
| -- Criminal Sexual Conduct           | -- Manslaughter               | -- Arson      |
| -- Any Assault Crime Against a Minor | -- Prostitution-Related Crime |               |
- Any of the following Child Abuse Crimes committed against Minor victim, constituting a violation of Minnesota Statutes Sections:
- |  |  |
|--|--|
| 609.185,(5) Murder in the 1 <sup>st</sup> Degree               | 609.352 Solicitation of Children to Engage in Sexual Conduct                         |
| 609.221 Assault in the 1 <sup>st</sup> Degree                  | 609.377 Malicious Punishment of a Child  |
| 609.222 Assault in the 2 <sup>nd</sup> Degree                  | 609.378 Neglect or Endangerment of a Child   |
| 609.223 Assault in the 3 <sup>rd</sup> Degree                  | 152.021, subd.1,(4) Controlled Substance Crime in 1 <sup>st</sup> Degree             |
| 609.224 Assault in the 5 <sup>th</sup> Degree                  | 152.022, subd.1,(5) or (6) Controlled Substance Crime in 2 <sup>nd</sup> Degree      |
| 609.2242 Domestic Assault                                      | 152.023, subd.1,(3) or (4) Controlled Substance Crime in 3 <sup>rd</sup> Degree      |
| 609.322 Solicitation, Inducement and Promotion of Prostitution | 152.023, subd.2,(4) or (6) Controlled Substance Crime in 3 <sup>rd</sup> Degree      |
| 609.324 Other prohibited acts of Prostitution                  | 152.024, subd.1,(2), (3) or (4) Controlled Substance Crime in 4 <sup>th</sup> Degree |
| 609.342 Criminal Sexual Conduct in the 1 <sup>st</sup> Degree  |  |
| 609.343 Criminal Sexual Conduct in the 2 <sup>nd</sup> Degree  |  |
| 609.344 Criminal Sexual Conduct in the 3 <sup>rd</sup> Degree  |  |
| 609.345 Criminal Sexual Conduct in the 4 <sup>th</sup> Degree  |  |

As the subject of a Child Protection background check, your rights include:

- to be informed that City of Dodge Center will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes, and
- to be informed of the BCA's response and obtain a copy of the report from City of Dodge Center
- to obtain from the BCA any record that forms the basis for the report, and
- to challenge the accuracy and completeness of any information contained in the report, and
- to be informed whether City of Dodge Center has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.

Minnesota statutes and the BCA require you to complete the following information in order to complete the background check:

**Position Applying for:** \_\_\_\_\_

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former**(please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
Month/Day/Year

**Sex** (M or F): \_\_\_\_\_

**Social Security Number** (Optional): \_\_\_\_\_

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

This release is valid for one year from the date of my signature.