

The Town of Twisp is seeking part-time seasonal Lifeguards for the Ernst O. Wagner Memorial Swimming Pool for the 2018 summer season. Applicants must be strong swimmers and able to obtain any Certification Training required; this training will be provided by the Town. A background check is also required. The pay range is \$11.50 - \$12.83/hr DOE. There is a limited amount of positions available and the application process will be closed when positions are filled. Applications are available at Town Hall at 118 S. Glover Street or online at www.townoftwisp.com. – Questions call Lori Rodio-Brand @ 509-997-1311 or email @ lorir@townoftwisp.com. EOE

TOWN OF TWISP

118 S. GLOVER ST. BOX 278 TWISP, WA 98856 TEL 509/997-4081 FAX 509/997-9204 TDD 800/833-6388



To Applicants-

We're excited about our 2018 Wagner Pool Season. Many of our community members use the pool along with the Killer Whale Swim Team. We are looking for people who want to spend part of their summer in the sun and water serving the people that support this incredible Methow Valley resource.

There is an application attached for you to complete. On page 2 where it asks for your skills and qualifications, please tell us about your swimming skills, experience working around a pool or working with children. We want to encourage you to apply even if you want to work only part-time this summer.

Thanks for your interest in working for the Town of Twisp at the Wagner Pool. If you have any questions about the application process or what the job might look like, please feel free to call us at 997-1311 or email Lori at lorir@townoftwisp.com and we'll try and answer your questions.



Application for Employment With

Town of Twisp (509)997-4081

NOTE: COMPLETE 2 PAGES!!

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Town representative at 997-4081/ or TDD at 1-800-833-8388.

Position(s) applied for: _____ Date of application: _____

Name: _____ Social Security #: _____
LAST FIRST MIDDLE

Address: _____ CITY STATE ZIP CODE
STREET

Telephone #: _____ Cell/Pager/Other Phone#: _____ Email Address: _____

If you are under 18, and it is required, can you furnish a work permit?..... Yes No
If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions: _____ Yes No

Are you legally eligible for employment in this country? _____ Yes No

Date available for work..... _____ What is your desired salary range? _____

Type of employment desired Full-time Part-time Temporary/Seasonal

Are you able to meet the attendance requirements of the position?..... Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No

If yes, please provide date(s) and details _____

Answering "YES" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information from your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone #
Starting Job Title/Final Job Title		Address	
Immediate Supervisor & Title		Summarize the Nature of Work Performed And Job Responsibilities	
May We Contact For Reference? YES NO LATER			
Reason For Leaving		Hourly Rate/Salary Start: per Final: per	
From	To	Employer self employed	Telephone #
Starting Job Title/Final Job Title		Address	
Immediate Supervisor & Title		Summarize the Nature of Work Performed And Job Responsibilities	
May We Contact For Reference? YES NO LATER			
Reason For Leaving		Hourly Rate/Salary Start: per Final: per	
From	To	Employer	Telephone #
Starting Job Title/Final Job Title		Address	
Immediate Supervisor & Title		Summarize the Nature of Work Performed And Job Responsibilities	
May We Contact For Reference? YES NO LATER			
Reason For Leaving		Hourly Rate/Salary Start: per Final: per	
From	To	Employer	Telephone #
Starting Job Title/Final Job Title		Address	
Immediate Supervisor & Title		Summarize the Nature of Work Performed And Job Responsibilities	
May We Contact For Reference? YES NO LATER			
Reason For Leaving		Hourly Rate/Salary Start: per Final: per	



The Town of Twisp (509)997-4081

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

NAME AND LOCATION	NO. OF YRS COMPLETED	DID YOU GRADUATE?	MAJOR/CREDITS?	COURSE OF STUDY
High School				
College				
Other				
Other				

Applicant Statement

I hereby certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I further understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for this or another position, it will be necessary for me to reapply and fill out a new application unless the employer instructs me otherwise.

If I am hired, I understand that the employer is an at-will employer meaning I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Town's Mayor and attorney.

I also understand that if I am offered employment, I will be required to provide proof of identity and legal authority to work in the United States and that I will need to pass a background check and drug test prior to my starting work. Further, I understand that the background investigation will result in the preparation of an investigative consumer report, which would include information as to my character, general reputation, personal characteristics, and mode of living. Applicants may submit a written request to the Town of Twisp for a complete and accurate disclosure of the nature and scope of the requested investigation. If any adverse actions in employment are taken based on the information contained in this report, I understand I can request a copy of said report at no charge.

I HEREBY REPRESENT AND WARRANT that I have read and fully understand the foregoing Applicant's Statement and seek employment under these conditions of my own free will and that I accept all terms of the foregoing Statement.

Date

Applicant's Signature

RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my workers' compensation claims, motor vehicle operation history including obtaining my official Driving Record or Abstract, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HERBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____ Signature: _____

The following must be filled out completely for your application to be considered. (Please print).

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip	Driver's License # / State	
Other Last Names Used	Other States and Counties I have lived in as an adult:		State	County	Zip	From (year)	To (year)
		1					
		2					
		3					
		4					

Have you ever been charged or convicted of a crime: Yes No

If yes, what State & County: _____ what was the nature of the crime (give details): _____

***The above information is to be used only for identification and investigative purposes.**

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address:

ORCA Information, Inc.
P.O. Box 277
Anacortes, WA 98221
(800) 341-0022 / (360) 588-1633