



Cedar Falls Recreation Division
 110 E 13th St. Cedar Falls, IA 50613
 (319) 273-8636 www.cedarfalls.com

THE CITY OF CEDAR FALLS IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICATIONS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, CREED, SEX, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS

Name _____ Date of Application _____

Driver's License # _____ EMail _____

Phone #s _____

Local Address _____

Permanent Address _____

Position(s) Desired (Please check all that interest you) For Seasonal Positions, separate applications must be turned in each season

Recreation Center Staff

- Front Desk
- Child Care
- Maintenance

Aquatic Staff

- Pool Manager
- Assistant Manager
- Head Lifeguard
- Head Instructor
- Pool Maintenance
- Lifeguard
- Instructor
- Instructor Aid
- Concessions
- Cashier

Fitness Staff

- Personal Trainer
- Class Instructor-
Please list classes
you are able to teach
and/or certifications

Officiating Staff

- Youth Flag Football
- Adult/Youth Basketball
- _____

Adult Athletics Staff

- League Supervisor
- Softball
- Volleyball
- Dodgeball
- Kickball
- Flag Football
- Basketball
- Ballfield Maintenance

Youth Recreation Staff

- Program Supervisor
- Coaching
- Baseball
- Softball
- T-Ball
- Tennis
- Track & Field
- Flag Football
- Volleyball
- Soccer
- Basketball
- Day Camp Director-Summer
- Day Camp Counselor-Summer
- Before/After Care-Summer
- Tot Lot Staff (Pre-K)-Summer

ADDITIONAL CERTIFICATIONS -

List all associated certifications you currently possess; include agency and expiration dates.

If you are under 16 years of age, can you provide required proof of your eligibility to work () Yes () No () NA

If you are applying for any pool related position, due to Labor & State laws please provide your current age _____ and birth date _____-_____-_____.

Do you have legal right to work permanently in the U.S.? () Yes () No *Proof of Status required upon employment*

Have you ever been convicted of a Crime? () Yes () No *If yes, Please Explain on separate sheet*

EXPERIENCE - List any paid or volunteer experience you have had, preferably in the areas of interest:

Dates	Position You Held	Employer	City/Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

RETURNING STAFF PROCEED TO AVAILABILITY

REFERENCES – Non-Related

Name	Phone Number	Nature of Association
1. _____		
2. _____		
3. _____		

EDUCATION	School, City & State	Course of Study	Years Completed	Diploma /Degree
High School				
College				
Graduate				
Other (specify)				

YOUR AVAILABILITY: Please mark an X in the boxes of the times of day you may be available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning:							
Afternoon:							
Evening:							

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any fact during the pre-hiring process can be justification for refusal of employment or termination of employment.

I hereby consent to current and former employers and those persons I have listed as references furnishing information to the City about my employment record and my personal qualifications. I understand that I will be subject to a background check, including but not limited to driving and criminal history records, but no consumer reports will be obtained unless I provide separate authorization in writing, in advance.

I understand that I will be required to comply with the City’s jewelry and tattoo policy which will be provided to me upon hire. I understand that if hired, my employment will be “at will,” meaning that I may resign at any time and that the City may terminate my employment at any time, with or without cause.

I understand that as a condition of employment, I may be required to undergo and successfully pass appropriate screening for alcohol and/or drugs and I hereby consent to the same. I also consent to the release of the screening results to the City of Cedar Falls. I understand that refusal to submit to screening, attempts to adulterate any sample, or a positive test result for alcohol or illegal drugs will result in denial of my application for employment. This consent expires 180 days after the date immediately below.

Signature of Applicant

Date

***If Applicant is under the age of 18, the Applicant’s parent or guardian must read and sign below:**

I am the parent or legal guardian of the Applicant and I hereby consent to the release of Applicant’s employment and personal information, consent to a background check, and consent to the Applicant undergoing a drug and/or alcohol screen and consent to the results of such drug/alcohol screen being released to the City of Cedar Falls.

Signature of Parent/Guardian

Date