



**City of Lock Haven**  
**20 East Church Street**  
**Lock Haven, PA 17745**

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

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Are you under the age of 18?  YES  NO If yes, can you provided proof of eligibility to work?  YES  NO

Have you ever worked for the City?  YES  NO If yes, when? \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Specialized Skills & Abilities**

**Advanced Lifesaving or Lifeguard**

DATE TAKEN: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**Water Safety Instructor**

DATE TAKEN: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**Standard First Aid**

DATE TAKEN: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**Current CPR Certificate (Red Cross or American Heart Assoc.)**

DATE TAKEN: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**Other Aquatic Related Courses**

DATE TAKEN: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

NAME OF COURSE: \_\_\_\_\_ WHERE: \_\_\_\_\_

A water test may be required before the start of employment.  
Please bring cards of Certification with you so copies can be made and attached to this application.

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference? YES NO

List any volunteer work and extracurricular activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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