

This form may be printed then completed and hand delivered or mailed to:

Human Resources
City of Scottsbluff
2525 Circle Drive
Scottsbluff, NE 69361

**DO NOT ATTEMPT TO SUBMIT ELECTRONICALLY!
FAX SUBMISSIONS WILL NOT BE ACCEPTED**

**CITY OF SCOTTSBLUFF
SEASONAL POSITIONS
FOR SPRING/SUMMER
2017**

To apply for a seasonal position with the City of Scottsbluff, please put a checkmark by the positions in which you are interested. You must also complete the attached application form, answer the questions on the Recruitment Information Form, and complete the Employment Reference Check and Anti-Drug Plan. Remember to complete all applicable portions of the form and to sign the application where designated.

_____ Lifeguard *must be 15 years old and have required certifications

Separate Job Description for each position – see attached

**APPLICATIONS WILL BE RECEIVED UNTIL THE
POSITIONS ARE FILLED.**

CITY OF SCOTTSBLUFF, NEBRASKA
JOB OPPORTUNITY
Lifeguard (Seasonal)

Description of the Job:

The Lifeguard's primary responsibility is to promote and conduct a safe, yet physically wholesome environment for the patrons using the City's Waterpark. The Lifeguard follows established procedures and attends in-service training. The job involves working daytime hours, evening hours, and weekends. This position may receive instructions and assignments from the Recreation Supervisor or the Assistant Waterpark Manager. Direct supervision for this position will be provided by the Recreation Supervisor or Waterpark Manager.

Essential Functions of the Job:

Provide for the safety of everyone using the waterpark;
Prevent accidents and eliminate potentially dangerous situations;
Act quickly on all emergency situations in the water or facility;
Give first aid when needed by a victim of an accident;
Enforce and follow rules and regulations of the waterpark;
Maintain waterpark facility and equipment;
Act in a professional, friendly and courteous manner;
Attend training sessions and staff meetings;
Operate a cash register;
Teach swimming lessons;
Regular attendance and punctuality required;
Other duties as assigned.

Knowledge, Skills, and Abilities:

Knowledge and ability to perform an appropriate rescue in an emergency situation;
Adequate fitness level to carry out a rescue;
Ability to climb a ladder to the guard chair and slide platform;
Ability to lift up to 50 pounds and to perform a variety of physical tasks;
Ability to sit, stand, walk, kneel, crouch, stoop, reach, push, pull, talk, hear, as well as other physical activities in order to perform essential functions of the job;
Ability to meet the public pleasantly;
Ability to work with children and adults;
Ability to understand and follow oral and written instructions;
Ability to follow established routines and regulations;
Ability to pass City of Scottsbluff's written and physical swim test;
Ability to pass waterpark training during orientation;
Ability to work outdoors in fluctuating temperatures, which includes fluctuating water temperatures.

Minimum Qualifications:

At least fifteen years of age by date of appointment.
A current Basic Lifeguard Certificate, CPR and first-aid certificate by date of appointment.

Preferred Qualifications:

A current Water Safety Instructors Certificate.
Prior experience as a Lifeguard.

This job description is intended to describe the general nature and level of work to be performed by employees assigned to this classification and is not intended to be construed as an exhaustive list of all responsibilities, duties and skills of personnel so classified.

Hourly Rate: \$9.00/hr

CITY APPLICATION FORM REQUIRED AND MAY BE OBTAINED AT www.scottsbluff.org OR AT CITY HALL, 2525 CIRCLE DR, SCOTTSBLUFF, NE 69361. APPLICATIONS WILL BE RECEIVED UNTIL POSITIONS ARE FILLED.

PLEASE COMPLETE THE ENTIRE APPLICATION FORM!

An Equal Opportunity Employer, no discrimination on the basis of disability, only U.S. citizens and aliens lawfully authorized to work in the United States will be hired and all new employees are required to complete a verification form.

To be eligible to claim Veteran's Preference under the provisions of Section 48-225 through 48-231 of the Nebraska Statutes, you must furnish a copy of honorable discharge (Form DD 214) at the time of filing this application.

City of Scottsbluff, Nebraska Application for Employment

The City of Scottsbluff is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please print or write legibly in ink. Fill in all blanks completely.

POSITION APPLIED FOR:		DATE OF APPLICATION:
Last Name	First Name	Middle Initial
Address:	City and State	Zip
Telephone: Home	Cell	Work/Business

APPLICANT INFORMATION:

Do you have a valid driver's license <input type="checkbox"/> Yes <input type="checkbox"/> No	License No.	State	Exp. date
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of citizenship or immigration status will be required upon employment)</i>			
*Have you ever been employed with the City of Scottsbluff before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give date: _____ What Department? _____			
Have you ever been dismissed from employment for misconduct, or have you ever resigned <input type="checkbox"/> Yes <input type="checkbox"/> No on request to avoid discharge? Please explain.			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you related to anyone employed by the City of Scottsbluff? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Name of relative: _____ Department: _____			
Date you can start:		Salary Desired:	

EDUCATIONAL BACKGROUND:

	High School or GED				Undergraduate College/University				Graduate/ Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Major and Minor Subjects												

List Licenses, Professional Registration

or other Recognition:

List Special Skills or qualifications:

MILITARY: Complete this section if you served in the U.S. Armed Forces:

Branch of Service	Duties and special training:
Period of Active Duty:	Rank at Discharge:
From _____ To _____	Type of Discharge:
Are You Claiming Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, a copy of honorable discharge papers, (form DD214) must be attached to this application to be eligible. Veteran's Preference only applies when a qualified candidate obtains passing scores on all parts and phases of examination/interviews.	

For City use only!

This application was received by: _____ Date _____

EMPLOYMENT EXPERIENCE:

Start with your present or most recent position for a period of 10 years including any military service and complete the below information fully. If you need additional space, please continue on a separate sheet of paper.

Application should be fully completed, without reference to attached resume. In addition, you may include a resume.

Name of Employer:	Dates Employed (Month & Year) From: _____ To: _____ Total: _____	Salary Rate: Starting: _____ End: _____
Address:	Name of Supervisor:	Your Position:
City _____ State _____ Zip _____	Describe your duties:	
Telephone Number:		
Reason for Leaving:		
Name of Employer:	Dates Employed (Month & Year) From: _____ To: _____ Total: _____	Salary Rate: Starting: _____ End: _____
Address:	Name of Supervisor:	Your Position:
City _____ State _____ Zip _____	Describe your duties:	
Telephone Number:		
Reason for Leaving:		
Name of Employer:	Dates Employed (Month & Year) From: _____ To: _____ Total: _____	Salary Rate: Starting: _____ End: _____
Address:	Name of Supervisor:	Your Position:
City _____ State _____ Zip _____	Describe your duties:	
Telephone Number:		
Reason for Leaving:		

REFERENCES: List three references who are neither related to you nor a former employer.

Name	Address (City, State, Zip)	Telephone Number	Years Known

EMPLOYEE CONSENT

<p>I, _____ hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Scottsbluff</p> <p>Signed: _____ Date: _____</p>

APPLICANT'S STATEMENT: (Read carefully before signing)

<p>I certify that answers given in this application are true and complete to the best of my knowledge. I authorize a complete background investigation, including but not limited to all statements contained in the application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand that if I am hired, my employment is at will, and I can be terminated according to the provisions of the City of Scottsbluff's Personnel Manual.</p> <p>Signed: _____ Date: _____</p>

CITY OF SCOTTSBLUFF
RECRUITMENT INFORMATION FORM
FOR SEASONAL POSITIONS

Please provide written responses to the following questions and attach to the completed application form.

Name: _____

1. How did you learn of this job opportunity?

2. Please list any past work experience, talents, certifications, or skills that would help you perform the job duties of the position(s) you have expressed interest in.

3. Many of the seasonal positions consist of working a non-routine shift. Hours such as evenings, weekends, and daytime may vary. List any time commitments you have that would affect your availability to work.

4. Why do you feel you would be a good employee for the City of Scottsbluff?

QUESTION FOR LIFEGUARD APPLICANTS ONLY:

*Do you currently have your Basic Lifeguard Certificate, CPR and first-aid certificate?
If not certified at time of application, will you be certified by May 20, 2016?

CERTIFICATION IS A REQUIREMENT PRIOR TO HIRE

ANTI-DRUG PLAN

In accordance with the NEBRASKA DRUG FREE WORK PLACE ACT of 1988, and the City of Scottsbluff's Anti-Drug Plan, the City of Scottsbluff has instituted a drug testing program. The City of Scottsbluff has reviewed the legal, operational, social, medical and ethical aspects of instituting this program. I understand that manufacture, distribution, possession, use, sale, transfer, purchase, and transport of illegal drugs will be considered a violation of the City of Scottsbluff's Anti-Drug Plan and shall be grounds for disciplinary action, including termination. This program allows all employees to enjoy a safe, productive, and healthy work environment. Individuals are urged to seek assistance prior to problems affecting on-the-job performance.

PRE-EMPLOYMENT: Job applicants who are being considered for employment for positions with particular responsibilities must read the Anti-Drug Plan, sign a consent form, and submit to pre-employment drug testing.

CERTIFICATION: I have read, and understand the content of the above Anti-Drug Plan. I understand that compliance with the Anti-Drug will be considered a condition of employment with the City of Scottsbluff.

Date

Signature

**CITY OF SCOTTSBLUFF
EMPLOYMENT REFERENCE CHECK**

Disclosure Pursuant to the Fair Credit Reporting Act: The City of Scottsbluff may obtain a Consumer Report about you for employment purposes. This Consumer Report may contain information about you including but not limited to the information set forth below. A summary of Your Rights Under the Fair Credit Reporting Act is attached.

I _____ authorize the City of Scottsbluff to check previous employment and /or personal references listed on my application and/or resume. I also give my consent to the City of Scottsbluff to obtain the following: Records of educational institutions that I have attended;

Driving record and civil and *criminal history

Employment records from previous employers to include evaluations, disciplinary history, complaints or grievances filed by or against me,

Pre-employment records from prospective employers;

A consumer report that might show financial and credit information, including credit reports and ratings; records from Financial Institutions to include loan performance, loan officer notes and financial statements, understanding that I have rights under the Fair Credit Reporting Act.

Any information from Counsel who have represented me in civil or *criminal cases and I specifically waive the attorney client privilege in that regard.

The above records may be obtained through a variety of agencies/sources, including the internet.

Signature _____ **Address** _____
(Including maiden name)

Date _____

Social Security # _ _ _ - _ _ - _ _ _ **Phone Number** _____

Most recent or current Employer _____ **Telephone** _____

Supervisor's Name _____ **Title** _____

Date of Employment _____

*The City of Scottsbluff will not conduct a criminal background or history check for you unless and until the City determines that you meet the minimum employment qualifications for the position applied for. This limitation does not apply to applicants for police officer positions.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without

your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306

Activities subject to the Packers and Stockyards
Act, 1921

Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, DC 20250 202-720-7051