Austin Parks & Recreation Department
Aquatic Division Supplement Form

Please circle the position(s) that pertain to you:

<table>
<thead>
<tr>
<th>Lifeguard</th>
<th>Water Safety Instructor</th>
<th>Swim Coach</th>
<th>Cashier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Guard</td>
<td>Pool Manager</td>
<td>Supervisor</td>
<td>Other -------------</td>
</tr>
</tbody>
</table>

16 Years Old

How did you hear about this job? (Please be specific) ___________________________________________

What school are you attending? ___________________________________________

What day do you plan to start working this season? ___________________________________________

I am Interested In the following: (Please check all that applies)

<table>
<thead>
<tr>
<th>Swim Lessons (teaching)</th>
<th>Manager</th>
<th>Head Guard</th>
<th>Lifeguard Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swim Team Coach</td>
<td>Supervisor</td>
<td>Water Safety Instructor</td>
<td></td>
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</tbody>
</table>

Please list previous experience ___________________________________________

How many hours would you like to be scheduled to work each week? (Please check one ONLY)

*Hours are not guaranteed*

<table>
<thead>
<tr>
<th>10 – 20 hours</th>
<th>30 – 40 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 30 hours</td>
<td>40 hours</td>
</tr>
</tbody>
</table>

Have you previously worked for the City of Austin?_____YES_____NO

If yes, when ____________________________ where ____________________________

Please rate the areas of Austin where you prefer to work (rate one, two, three & four)

| North ______ | **North Central _____ | South Central _____ | South ________ |

* Please note that these ratings do NOT guarantee a specific area or pool that you will be assigned for work.

** Working at Bartholomew Pool will require an additional certification (Waterpark Lifeguard Certification)

In case of an emergency who should we contact?

Name: ____________________________ Relationship to you: ____________________________

Phone # they can be reached at: ____________________________ Alternate number: ____________________________

Any medical information we need to know about you: ____________________________________________
YOU ARE REQUIRED TO WORK WEEKENDS AND HOLIDAYS DURING THE SEASON. VACATIONS AND TIME OFF MUST BE APPROVED BY YOUR SUPERVISOR IN ADVANCE.

*Please understand that if you do however take a vacation you will not be guaranteed hours or pool preferences when you return.

I understand my work commitment.______YES______NO  Initial: ________________________

Please check all current certifications you hold:

- Lifeguard Training
- CPR for Professional Rescuer
- First Aid
- Lifeguard Training Instructor Level
- Water Safety Instructor
- Certified Pool Operator (CPO)
- Community CPR (adult, infant, child)
- Other

I understand that the training provided to me and the certifications(s) that I obtain are valid for employment with the City of Austin Aquatic Division. The city shall have the right to release me from this obligation at its discretion and this agreement does not mean that the city has to employ me for any period of time.

I understand that if hired by the City of Austin Parks and Recreation Aquatic Division, my employment is seasonal and will not extend past my assigned facility’s last day of operation. To work on a part-time basis, year-round, I may be required to reapply for those positions in late August. I further understand that I am not guaranteed a certain number of hours during the summer season. Hours and schedules are determined by program demand, facility need, weather, mobility, and employee experience. I also understand that I may not work over 40 hours a week at any given time.

If I am hired as a Head Lifeguard, Pool Manager, Supervisor or any other position that required me to have keys to any of the facilities I am fully responsible for those keys. If I lose the keys or do not turn them in at the end of the season, I will replace them at a cost of $5.00 per key.

I understand that if I am hired by the City of Austin Parks and Recreation Aquatic Division I will be required to:

- Attend mandatory Orientation
- Attend all area specific mandatory paid in-service meetings
- Be at work and remain free from being under the influence of drugs and or alcohol
- Wear staff uniform only while on duty
- Work weekends, Saturdays, Sundays and holidays
- Be willing to substitute at work
- Perform general cleaning and maintenance duties while at work

Additionally, I have indicated my intended hours to work each week above. I have read and understand the content, requirements, and expectations of the sick leave policy for temporary employees of the Aquatics Division. I understand that the hours I indicated will be used to determine my projected work week. My projected work week will be audited and adjusted accordingly without notice. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continued employment with the Aquatic Division.

Signature: ___________________________________________ Date: ______________________

Parent Signature if minor (under 18): ______________________ Date: ______________________
Dear Applicant,

This letter is to confirm a conditional offer of seasonal employment to you as a Lifeguard for the Parks and Recreation Department Aquatic Division. This offer is contingent upon you meeting the following employment requirements:

- Successful outcome of a Criminal Background Investigation
- Completion of the required training courses for the position
- Passing scores for all training courses that require testing

If you do not meet the above employment requirements, you will not be eligible for hire and will no longer be considered for this position.

If you have any questions regarding the content of this letter, please feel free to contact the Aquatic Division at 974-9332. We look forward to working with you as we continue to move through this phase of the hiring process.

Stuart Martinez, Human Resources Manager
Parks and Recreation Department

______________________________________________                  ________________
Applicant Signature                                     Date

I understand and accept the terms of this offer

______________________________________________                  ________________
Parent or Guardian Signature (If under 18 years of age)     Date

I understand and accept the terms of this offer

The City of Austin is committed to compliance with the Americans with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request.

www.cityofaustinparks.com
P-9 Minor’s Release

The State of Texas
County of Travis

Know all men by these presents:

That I, __________________________________________________, am the legal parent
of __________________________________________________, a minor:

THAT I for the purpose of enabling said minor, who is of the age of _______ years, to secure
employment with the City of Austin, do hereby agree that said minor may be employed by the
City of Austin in such undertakings and lines of employment and for such wages and
compensation as may be agreed upon by and between said minor and the said City of Austin.
That said minor may do such work as the said City of Austin may call upon him/her to do, and in
consideration of his/her employment by the said City. I hereby authorize and empower said City
to pay the said minor all wages or compensation earned by him/her while in its employ direct to
the said minor in the same manner in which said City pays its other employees. That I do hereby
release all claims for said wages or compensation.

THAT I further agree that in all suits and actions which may hereafter be instituted by me, for
damages resulting from injuries sustained by said minor while in the employ of said City, the
consent to the employment of the said minor hereby being given and the agreement herein
contained shall constitute a bar to any recovery by me and may be urged and taken advantage of
by it in bar for the benefit of said minor alone.

The purpose and intent of this agreement being as between me and the said City of Austin to
manumit the said minor and authorized and empower him/her to deal with the said City in all and
singular every matter connected with or arising out of his/her employment, or any accident or
injury sustained by him while so employed, in the same manner and to the same extent as though
he were of lawful age.

THAT the said ___________________________ was born on the
(Name of Minor)

_______ day of _______________ A.D., ____.

This ________ day of ___________________, 20____.

____________________________________
(Signature of parent/guardian)
Consent for Minor’s Emergency Medical or Dental Treatment

I, ______________________________ (parent/guardian) of _______________________________, a minor of the age of _______ years,
hereby authorize the City of Austin, as the employer, to consent to emergency medical or dental treatment for my child (or ward) _______________________________.

I understand that the City of Austin will make all reasonable efforts to contact me and provide me with notice in the event that _______________________________ requires emergency medical or dental treatment. In the event that the City of Austin cannot contact me and give me notice. I understand that I am hereby authorizing the City of Austin to consent to such treatment on my behalf. I understand that the City of Austin will seek necessary emergency treatment for my child (or ward) only in the event that my child (or ward) is injured or harmed while in the employ of the City of Austin.

___________________________________
Signature of Parent or Guardian

___________________________________
Date

___________________________________
Witness
Criminal Background Investigation:
Notification and Disclosure form for CBI-Sensitive Positions
For Teens: 13-16 Years Old

NOTIFICATION & DISCLOSURE FORM

- You are applying for, or currently hold a position that, for reasons of public safety, requires a criminal background investigation (CBI).
- The City of Austin will assess your suitability for this position.
- The City of Austin will review your complete criminal history using records available from the Texas Department of Public Safety.
- You must pass the CBI to be placed in, or continue employment in, this position.

<table>
<thead>
<tr>
<th>Department</th>
<th>PARD</th>
<th>Work Location</th>
<th>Aquatics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Title</td>
<td>Muniprog Paraprofessional-</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Status (check one)</th>
<th>Applicant</th>
<th>Employee</th>
<th>Community Service Restitution (CSR) Volunteer</th>
<th>Volunteer</th>
<th>Hours needed</th>
<th>Court issued completion date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full Legal Name (Please print)</th>
<th>(First Name)</th>
<th>(Middle Name)</th>
<th>(Last Name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (month, date, year)</th>
<th>Social Security Number (Optional for Volunteers)</th>
<th>Gender</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ethnicity (Optional)</th>
<th>White/Caucasian</th>
<th>Black/African American</th>
<th>Hispanic or Latino</th>
<th>American Indian/ Alaskan</th>
<th>Asian, Not Hispanic or Latino</th>
<th>Native Hawaiian or other Pacific Islander, not Hispanic or Latino</th>
<th>Two or More Races, not Hispanic or Latino</th>
<th>Not disclosed</th>
</tr>
</thead>
</table>

Please complete the next two questions only if you are 15-16 years of age:

- Have you lived outside the state of Texas in the last 10 years?  
  - Yes  
  - No

  If yes, you may need to be fingerprinted for a state and national criminal background check. You will receive fingerprinting information separately if applicable.

- Have you lived outside the U.S. in the last 10 years?  
  - Yes  
  - No

  If yes, list other countries.

ACKNOWLEDGEMENT: Teens and their parents must both read and sign in agreement:

The information I have provided above is true, accurate, and complete.

Signature ___________________________ Date __________________

Parent Signature ___________________________ Date __________________

Email Address ___________________________ Phone # __________________

For HRD Office Use Only: Retain in your files

Please Check and Initial each Applicable Space

CCH Report Printed: YES ________ NO ________ initial

Purpose of CCH:  
Employment  
Volunteer

Hire__________ Not Hired__________ initial

Date Printed:__________ initial

Destroyed Date:__________ initial

VP