

**CITY OF THORP
2010 AQUATIC FACILITY APPLICATION ADDENDUM**

Applicant's Name: _____ *Applicant's Signature:* _____

CERTIFICATIONS:

<u>Certificate Title</u>	<u>Expiration Date</u>	<u>From Whom</u>
First Aid	-----	-----
CPR	-----	-----
Lifeguard	-----	-----
WSI	-----	-----

Have you worked at the City of Thorp's aquatic facility in the past? _____

If so, list one word to describe your experience: _____

If your previous co-workers were asked what was your greatest strength, what would they say? _____

In contrast, what would they say is your greatest weakness? _____

Please list known dates you will be unavailable to work this summer, or special scheduling requests. (Other dates can be requested off later per policy - we attempt to be as flexible as possible in scheduling, but must maintain minimum staffing by law.)

