

**VILLAGE OF BEAVER CROSSING  
POOL MANAGER/ASST. MANAGER APPLICATION**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**REQUIREMENTS:**

1. Position Applying for: \_\_\_\_\_
2. Are you at least 19 years old? \_\_\_\_\_
3. Do you have a current pool manager's license? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**INFORMATION:**

1. What date would you be able to start working? \_\_\_\_\_
2. Do you enjoy working with children? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Do you have any other activities such as playing ball or another job that will require you to either miss work or have the work schedule adjusted to allow you to do both? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

4. Do you have any extended absences planned this summer such as vacations, camps, etc. that will require you to miss work? YES \_\_\_\_\_ NO \_\_\_\_\_

What Dates: \_\_\_\_\_

5. Are you a certified life guard? (Advanced Lifesaving and C.P.R.) \_\_\_\_\_  
(Life guard certification is required for pool manager/assistant manager positions.)

6. Do you have a WSI Certificate? \_\_\_\_\_ Expiration: \_\_\_\_\_

**PRIOR EMPLOYMENT:** (include any pool and/or personnel management)

1. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Responsibilities \_\_\_\_\_
2. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Responsibilities \_\_\_\_\_

## Prior Employment Continued

3. \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Employer's Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
\_\_\_\_\_  
Responsibilities \_\_\_\_\_

### REFERENCES: (Do not include previous employers or relatives)

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_

### POSITIONS OF RESPONSIBILITIES: (School, work, community, etc.)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

The above is true and correct to the best of my knowledge.

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

Use additional page if needed.

Please return application to Village Clerk by \_\_\_\_\_

Drop off at Village Office: 800 Dimery Ave.

Email: [villageofbc@windstream.net](mailto:villageofbc@windstream.net)

Mail to: PO Box 116, Beaver Crossing, NE 68313