

**OSHKOSH AREA SCHOOL DISTRICT  
RECREATION DEPARTMENT  
425 Division Street, Oshkosh, Wisconsin 54901  
(920) 424-0242/veronica.robinson@oshkosh.k12.wi.us**

**SUMMER AQUATICS PROGRAM EMPLOYMENT APPLICATION**  
*(New Applicants: You must submit this form WITH the general employment application form.)*

**(Please print)**

Name: \_\_\_\_\_

Current StreetAddress: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Position Desired (Place an X on those that apply):

***For Returning Employees Only:*** (If NO position desired, please indicate **NONE** and return.)

- \_\_\_\_\_ HEAD GUARD
- \_\_\_\_\_ LIFEGUARD
- \_\_\_\_\_ SLIDE/SPLASH PAD ATTENDANT
- \_\_\_\_\_ SWIM LESSON INSTRUCTOR
- \_\_\_\_\_ BUILDING SUPERVISOR
- \_\_\_\_\_ SUBSTITUTE
- \_\_\_\_\_ NONE

**AQUATICS EMPLOYMENT HISTORY:** Most recent first

Position \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

**CERTIFICATIONS:** Please indicate current certifications held or certifications in progress. Please attach copies of certifications if able.

Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Aquatics programs operate 7 days per week, various times and days during the summer season. Please indicate below days/dates/times for which you would not be available to work during the season. This information is for hiring purposes only. Upon being hired, any requests for time off will need to go through our scheduling process.**

Dates/days/times: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_