## CITY OF SUTTON, NEBRASKA POOL CONCESSION/STAFF APPLICATION

NAME	:		PHON	E NUMBER:				
MAILI	NG ADDRESS:		City:		State:	Zip:		
EMAIL	ADDRESS:							
		(An email that you	can access througho	ut the summer	)			
			REQUIREM	ENTS:				
1.	Are you at lea	ast 15 years old?	YES	NO				
			INFORM	IATION:				
			le to begin work?					
						)		
			ildren? YES					
	•	•		-		PART TIME Il require you to either		
	miss work or have the work schedule adjusted to allow you to do both? YESNO If yes, please list days you are unable to work or activities that will require you to miss wo							
7.	Do you have	any extended ab	sences planned th	is summer s	uch as vaca	ations, camps, etc. that		
	will require y	ou to miss work?	9 YESN	0	-			
	If so, what ar	e the dates?						
	PRIC	DR EMPLOYMEN	T: (Include any ا	ool and/or	personne	l management)		
1.	Employer: _			Pho	one #			

1	
2.	
3.	
4. -	
_	

List organizations you have been involved with: (4-H, FFA, FCCLA, Scouts, etc.)

## References: (do not include previous employers or relatives) Phone #

	Address:	Email
2.	Name:	Phone #
	Address:	Email:
3.	Name:	Phone #
	Address:	Email:Email:

## POSITIONS OF RESPONSIBILITY: (school, work community, etc.)

1.	
2.	
3.	
4.	
5.	

The above is true and correct to the best of my knowledge.
SIGNATURE: \_\_\_\_\_\_
DATE: \_\_\_\_\_

1 Name

Use an additional page if needed. Please return **APPLICATION** and **COVER LETTER** outlining your qualification and desire for applying for this position to City Clerk, 107 W. Grove, PO Box 430, Sutton, NE 68979.