

**City of Sacramento
 Department of Parks and Recreation
 Aquatics Section
 2012 Supplemental Survey**

(You must fill out this survey in its entirety with required signatures to be considered for employment)

NAME			DATE		
Summer Address			City	State	Zip
Major Cross Streets			Email Address		
School Year Address (not the school's address)			City	State	Zip
Phone # Summer ()		School Year ()		Cell ()	
Emergency Contact Name			Phone # ()		
Address		City	State	Zip	
Your Age Today		Date of Birth / /19			
If you attend school during the year, where do you attend?					
Do you have any relatives that work for the City of Sacramento, or may be employed by the City of Sacramento during the summer of 2012?					
				Yes	No
Name of Relative			Department		
Do you plan to have any commitments other than with the City during the Summer?					
Yes	No	If yes, what is it, where is it and what are the days and hours?			
Do you plan to attend summer school?		Yes	No	Where?	
If yes, beginning and ending on what date?					
Days		Times			
What is the first date that you can work?					
What is the last date that you can work?					
(Aquatics returning staff only) Are you available to work Pre-Season?					
Yes	No	What is your availability?			
Are you available to work weekends, nights and holidays?				Yes	No
If No, Please Explain					

Do you plan to take a vacation for more than three (3) consecutive days off?	Yes	No
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If Yes, for how long and when?

Which City Pools have you been assigned to in the past?

Why do you feel that you should be hired for the position you are applying?

Do you wish to be considered for a swim coach position?	Yes	No
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Head Coach?	Yes	No	Assistant Coach?	Yes	No
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Why? And what is your experience?

Please indicate how you will travel to and from assigned facility: (circle one)

car public transportation bike walk friends parents

Additional Information that you would like to include:

I understand that should any of the above information change prior to the start of my

employment or during the course of my employment I will notify the Aquatics Supervisor

immediately. I further agree and understand that there are multiple aquatic facilities that

require staffing and that I could be placed at any one or more of those locations. (Note:

Staffing is based on public safety needs of the City of Sacramento and not individual

needs or desires.) I also agree that if necessary, the City of Sacramento may conduct a

criminal background check and I agree that such information can be released.

Signature

Date

Parent/Guardian Signature If Under 18

Date