

****PLEASE BE SURE ALL SPACES ARE FILLED OUT, IF NOT APPLICABLE PUT (NA)**

Please list 2 references:

Name

Address

Phone #

Are you interested in assisting with a camp for extra hours? _____ If yes, what sports, special interest or talents do you have? _____

***ARE YOU CURRENTLY CERTIFIED IN AMERICAN RED CROSS OR THE EQUIVALENT?**

	YES	NO	CERT. EXP DATE
FIRST AID	_____	_____	_____
CPR	_____	_____	_____
ADVANCED LIFEGUARDING CERTIFICATE	_____	_____	_____
WATER SAFETY INSTRUCTOR (WSI)	_____	_____	_____
WATER SAFETY AID	_____	_____	_____

***INCLUDE COPY OF EACH CERTIFICATION CARD, FRONT AND BACK IF NOT YET CERTIFIED, PLEASE LIST DATE CERTIFICATION IS TO BE RECEIVED ON "NO" LINE.**

APPLICATIONS ARE BEING RECEIVED FOR THE FOLLOWING POSITIONS:

WELLS COMMUNITY POOL

May – Aug

Pool Manager & Assistant Manager
Pool Maintenance Personnel (must be 18)
Lifeguards/Swim Instructor

PARK MAINTENANCE

April – Sept.

Skilled Mower (must be 18)
General Maintenance Worker (must be 18)

PARK AND RECREATION DEPT.

June – July

Assistant/Camp Counselor (June-July)
Tennis Supervisor
Tennis Instructor
Concession Stand Supervisor (May – Aug)
Concession Stand/Basket room Worker (May-Aug)

**APPLICANTS MUST BE 16 YEARS OLD BY JUNE 1 OF CURRENT YEAR
APPLICATIONS MUST BE COMPLETED AND RETURNED
TO THE OFFICE OF THE CLERK TREASURER
BY 4:45 P.M. ON 2/24/2012**

Printed Name: _____ Signature: _____

E-mail Address: _____

CITY OF BLUFFTON

TAMARA D. RUNYON, IAMC, CMC
OFFICE OF THE CLERK TREASURER
128 EAST MARKET STREET
BLUFFTON IN 46714-2022

Phone 260-824-0612
Fax 260-824-6041

E-Mail: cityclerk@ci.bluffton.in.us

DATE: _____

REQUEST FOR RELEASE OF LIMITED CRIMINAL HISTORY INFORMATION

I, the undersigned, hereby authorize and give my consent to the Bluffton Police Department, and Wells County Sheriff's Department, Wells County, Indiana to release to the office of the Clerk-Treasurer any and all criminal history information regarding me as that information appears in the records of the Bluffton Police Department and/or the Wells County Sheriff's Department for the purpose of employment.

I hereby waive, release and surrender any and all rights to claims which I may have against the City of Bluffton, Wells County, the Bluffton Police Department, Wells County Sherriff's Department or any of the officers or employees of the City of Bluffton and/or Wells County, that may arise as a result of the release of this criminal history information.

PRINTED NAME: _____

MAIDEN NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SS or Drivers License Number: _____

SIGNATURE IF 18 : _____ Date: _____

*****FOR POLICE DEPARTMENT/SHERIFF'S DEPARTMENT USE ONLY*****

NO LOCAL ADULT CRIMINAL CONVICTION DATA FOUND

SEE ATTACHED CRIMINAL HISTORY

SIGNATURE, BLUFFTON POLICE /WELLS COUNTY SHERIFF'S DEPARTARTMENT

DATE: _____

NOTE: ANY CRIMINAL HISTORY INFORMATION FURNISHED IS LIMITED TO FELONY AND MISDEMEANOR ARRESTS BY OFFICERS OF THE BLUFFTON POLICE DEPARTMENT AND WELLS COUNTY SHERIFF'S DEPARTMENT BASED UPON THE INFORMATION PROVIDED ABOVE