

# City of Ventnor

## Application of Employment

Today's Date: \_\_\_/\_\_\_/\_\_\_

**PERSONAL INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

If hired and under the age of 18, can you furnish a work permit? \_\_\_Yes \_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

**DESIRED EMPLOYMENT:**

Position Applying For: \_\_\_\_\_ Available Start Date \_\_\_/\_\_\_/\_\_\_

Will you be able to perform the essential functions of this position, with or without reasonable accommodation?: \_\_\_ Yes \_\_\_ No

Salary Desired: \$\_\_\_\_\_ Are You Employed Now? \_\_\_Yes \_\_\_No

If Yes, Name Employer: \_\_\_\_\_

Have you ever applied for employment in the City of Ventnor? \_\_\_Yes \_\_\_ No If yes, when? \_\_\_\_\_

Have you ever worked for the City of Ventnor? \_\_\_Yes \_\_\_ No If yes, list dates of employment \_\_\_\_\_ to \_\_\_\_\_

**EDUCATION:**

Level of Education:	School Name and Address	Years Completed	Did you graduate? If yes, indicated type of degree.
High School			
College			
Trade, Vo-Tech or Other			

**SPECIAL SKILLS AND QUALIFICATIONS:**

Please summarize special skills and qualifications acquired from employment or other experiences which would be pertinent to your application for employment: \_\_\_\_\_

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**EMPLOYMENT EXPERIENCE:**

Name of Employer	Address, Telephone Number	Dates of Employment – Start and End	Position Held	Salary – Start and End	Reason for Leaving

May we contact the employers listed? \_\_\_Yes \_\_\_ No

If no, indicate employers you do not wish to be contacted: \_\_\_\_\_

**REFERENCES:**

Name	Address, Telephone Number	Association	Years Acquainted

**DISCLAIMER**

The City of Ventnor is an equal opportunity employer and does not discriminate because of race, creed, color, ancestry, national origin, age, disability, sex, sexual preference, gender identity or expression, marital status, obligation to U.S. Armed Forces, or on the basis of any other characteristic protected by state or federal law. The City of Ventnor is an at-will employer. Nothing on the application is intended to create or imply a contractual relationship; if hired, the employee understands that employment is at will, is not for any specific time period or duration, and can be terminated with or without reason at any time. The at-will relationship is superseded by Civil Service and other employment relationships, as applicable.

**APPLICANT AUTHORIZATION**

If employed by the City of Ventnor, I agree to conform to the City’s rules and regulations, as well as any applicable collective bargaining agreement. I further understand that I may be required, as part of the employment process, to undergo a post-offer, pre-employment medical examination and alcohol and drug screening. Any offer of employment is contingent upon, among other things, satisfactory completion of this examination and the determination that I am capable of performing the job with or without reasonable accommodation.

I certify that the statements made by me are true, complete, and correct and understand that any misrepresentation of these facts is cause for immediate discharge.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the City of Ventnor from all liability for any damage that may result from utilization of such information.

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Date

# LIFEGUARD WAIVER AND RELEASE OF LIABILITY

In consideration of permitting the Lifeguard Applicant/Trainee (hereinafter "Releasor") to participate in the Lifeguard training and testing with the Municipality (hereinafter "Releasee"), the Releasor hereby agrees to and acknowledges the following:

1. The Lifeguard training and testing can be strenuous, and may subject Releasor to the risk of serious bodily injury. The Releasor has been required to obtain a physical examination from a licensed physician certifying that the Releasor is medically fit to participate in the Lifeguard training and testing, and the Releasor certifies that he/she has truthfully and completely disclosed to the Releasee and the examining physician his/her complete medical history and all known medical conditions; and
2. Releasor, by executing this "Waiver and Release of Liability", will be engaging in the Lifeguard training and testing entirely at his/her own risk. Releasor agrees that he/she is voluntarily participating in the Lifeguard training and testing which involves activities that have a risk of serious bodily injury, and that in the use of the Releasee's facilities, equipment, and premises, the Releasor is assuming all of the risk of injury, permanent disability, economic losses, illness or death; and
3. Releasee shall not be responsible for the loss of any Releasor's personal property; and
4. This "Waiver and Release of Liability" shall include, without limitation, any and all injuries which may occur as a result of: (a) Releasor's use of the facilities and equipment of Releasee and Releasor's participation of the Lifeguard training and testing, as well as any personal training and instruction; (b) the malfunction of any Releasee's equipment; (c) Releasee's instruction, training or supervision; and (d) Releasor's tripping, slipping and/or falling while on the Releasee's premises or areas where training and testing occur; and
5. The Waiver and Release of Liability includes the Releasee and any of the employees of the Releasee.

You acknowledge that you have carefully read this "Waiver and Release of Liability" and fully understand that it is a complete and absolute release of liability. You expressly agree to release and discharge the Releasee, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims, damages, losses or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring legal action against the Releasee for personal injury or property damage.

To the extent that any statute or case law does not prohibit releases for gross negligence, this release is also for gross negligence on the part of the Releasee, its agents and employees.

If any portion of this "Waiver and Release of Liability" shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this "Waiver and Release of Liability" shall remain in full force and effect and the offending provision or provisions shall be severed here from.

By executing this "Waiver and Release of Liability", I acknowledge that I fully understand its content, that I am executing this document freely and voluntarily, and that I understand that I am giving up substantial rights in consideration for being permitted to participate in the Lifeguard training and testing.

\_\_\_\_\_  
Printed Name of Releasor

\_\_\_\_\_  
Signature of Releasor

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Dated