

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

2016 - LIFEGUARD POSITIONS – AGE 16 & OVER:

THE ALLEGHENY COUNTY DEPARTMENT OF PARKS IS CURRENTLY ACCEPTING LIFEGUARD APPLICATIONS FOR THE SUMMER OF 2016.

LIFEGUARDS WILL BE HIRED TO WORK AT THE COUNTY'S THREE WAVE POOLS LOCATED IN BOYCE, SOUTH AND SETTLERS CABIN PARK AND THE NORTH PARK SWIMMING FACILITY.

NEW REGULATIONS REQUIRE ALL APPLICANTS TO POSSESS CURRENT LIFEGUARD TRAINING CERTIFICATION INCLUDING FIRST AID, C.P.R. FOR ADULT AND INFANT CERTIFICATIONS, PRIOR TO THE 2016 MEMORIAL DAY WEEKEND.

SUCCESSFUL CANDIDATES WILL BE **REQUIRED TO WORK THE ENTIRE 2016 SWIMMING SEASON** (MEMORIAL DAY THROUGH LABOR DAY WEEKEND), WHICH INCLUDES FLEXIBLE HOURS, WEEKENDS AND HOLIDAYS. GUARD REQUIREMENTS: PA CHILD ABUSE HISTORY CLEARANCE AND FBI CRIMINAL BACKGROUND CHECK CLEARANCE.

LIFEGUARD APPLICANTS ARE REQUIRED TO TAKE A "TIMED" AQUATICS TEST ON ONE OF THE FOLLOWING 2016 DATES, WHICH WILL BE GIVEN AT **NORTH ALLEGHENY SENIOR HIGH SCHOOL, 10375 PERRY HIGHWAY, WEXFORD, PA 15090: (Driving Directions Available On Parks Home Page)**

SATURDAY, MARCH 26, 2016 @ 9:00 A.M.

OR

SATURDAY, MAY 07, 2016 @ 9:00 A.M.

PRIOR TO THE AQUATICS TEST, APPLICANTS MUST PRESENT THEIR PHYSICAL EXAM FORM COMPLETED BY A FAMILY OR SCHOOL PHYSICIAN.

NO TEST WILL BE ADMINISTERED WITHOUT A DOCTOR'S CERTIFICATION.

YOU MUST BRING THE FOLLOWING ITEMS WITH YOU TO THE TEST:

1) COMPLETED PHYSICAL FORM. 2) EMPLOYMENT APPLICATION FROM PACKET: (YELLOW & BLUE) 3) BATHING SUIT AND TOWEL. RETURNING VETERANS IN GOOD STANDING AND APPLICANTS 18 YEARS OR OLDER WILL BE GIVEN FIRST PREFERENCE.

FOR MORE INFORMATION, CONTACT THE RECREATION OFFICE AT (412) 350-2478 OR VISIT THE PARKS DEPARTMENT HOME PAGE TO RETRIEVE PACKET @ www.alleghenycounty.us/parks.

SINCERELY,

CLARENCE J. HOPSON
DEPUTY DIRECTOR OF RECREATION



Allegheny Alerts
If it's you, want the news, we want it.
www.alleghenycounty.us/alerts

DEPARTMENT OF PARKS

211 COUNTY OFFICE BUILDING • 542 FORBES AVENUE • PITTSBURGH, PA 15219

PHONE (412) 350-7275 • FAX (412) 350-2682

**ALLEGHENY COUNTY
DEPARTMENT OF PARKS**

LIFEGUARD TEST

What is the Aquatics Test? The Aquatics Test consists of seven “TIMED” water tests. The first test will start at 9:00 a.m. and you will have three hours to complete it.

The test is divided into stations; you may start at any station. There is a minimum time in each test to pass. You may retake any test that you feel you could do better at, but only on the day of the test.

TESTS:

1. 50-yds. free style **(Passing Time: 33.5)**
2. 500-yds. free style **(10:00)**
3. 25 yds. Underwater swim using either a breaststroke or flutter kick (legs only). You may take **ONE** pull with your arms. This may be taken at the beginning, in the middle, or at the end. **(Pass/Fail)**
4. Recovery of a 10-lb. object in 12-ft of water, with a 30-ft. approach. The candidate will start in the water; on a signal from the tester, they will swim out and dive down to the 10-lb object. The candidate with **BOTH HANDS ON THE OBJECT** will push off the bottom. The time will stop when the object breaks the surface of the water. **(10.5)**
5. 2-minute water tread with a 10-lb. object. Both hands must remain on the object at all times. **(Pass/Fail)**

FOR THE NEXT TWO TESTS, THE CANDIDATE STARTS IN THE WATER AND THE 10-LB. OBJECT STARTS ON THE WALL.

6. Tow a 10-lb. object 50 yds. with an inverted breaststroke kick or flutter kick. The candidate swims on their back with both hands on the 10-lb. object. **(1:20)**
7. Tow a 10-lb. object 50 yds. sidestroke. The candidate places the 10-lb. object on a hip to swim; you may use your free arm to pull. **(1:10)**

NO GOGGLES WILL BE PERMITTED DURING THE TEST EXCEPT FOR THE 500-YDS. FREESTYLE. IF YOU WEAR CONTACTS, PLEASE BRING A CASE.

ALL TEST RESULTS ARE CONFIDENTIAL!

**ALLEGHENY COUNTY
DEPARTMENT OF PARKS**

Please complete the following form along with the Summer Employment Application.
This information will help in speeding up the hiring process.

NAME _____

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE # () _____ - _____ CELL PHONE # () _____ - _____

E-MAIL ADDRESS _____

What type of lifeguard certification do you have (Red Cross, YMCA, or other)? _____

Where and when did you receive your most current life guarding certification?

LOCATION _____ DATE RECEIVED _____ - _____ - _____

What type of C.P.R. certification do you have (Red Cross, other?) _____

DATE RECEIVED _____ - _____ - _____

How many years have you been a lifeguard? _____

Have you ever worked as a County lifeguard? _____ If yes, please give
location and date(s). _____

If you have not worked for the County, do you have lifeguarding experience? _____

If yes, please give location and date of employment. _____

Do you have any other certifications or skills that would aid you in fulfilling your duties
as a County lifeguard (use back if necessary)? _____

**I HEREBY STATE THAT ALL INFORMATION IS TRUE TO THE BEST OF MY
KNOWLEDGE.**

SIGNATURE _____ DATE _____

ALLEGHENY COUNTY
DEPARTMENT OF PARKS



NAME _____

Please answer the following questions, and then have a physician complete the bottom of this form. When it is completed, please bring it with you to the test.

NO TESTS WILL BE ADMINISTERED WITHOUT A DOCTOR'S CERTIFICATION!

1. Have you had surgery in the part twelve months? _____
If yes, please explain: _____
2. Have you ever had a skin biopsy? _____
If yes, date and results: DATE _____, _____
3. Have you ever had heat stroke? _____ heat exhaustion? _____

PHYSICAL EXAMINATION FORM

Please be sure to check the following items during physical:

1. GENERAL: _____
2. EYES: _____
3. EARS: _____
4. HEAD AND NECK: _____
5. HEART: _____
6. CHEST AND LUNGS: _____
7. BLOOD PRESSURE: _____
8. BACK: _____
9. NERVOUS SYSTEM: _____
10. DERMATOLOGY EXAM (please check for unusual growths and discoloration):

11. OTHER: _____

IN YOUR OPINION, IS THE APPLICANT PHYSICALLY CAPABLE OF PERFORMING LIFEGUARD DUTIES? _____ REMARKS: _____

QUALIFIED () NOT QUALIFIED ()

DATE: _____ SIGNATURE _____ M.D.

Physician Office Phone Number: () _____ - _____

POSITION _____

DATE _____

Name _____
Last First Middle

Present Address _____
Number & Street City State Zip

County _____

Borough/Township _____ E-mail _____

Home Telephone (____) _____ Other Telephone (____) _____

Do you have a legal right to work in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify authorization to work in the United States).

Location preference: (Number in order of preference – no guaranteed location)

Downtown ___ South Park ___ Settler’s Cabin Park ___ Hartwood Acres ___ North Park ___ Boyce Park ___ Round Hill Park ___
Other _____

Position Preference: (Number in order of preference - no guaranteed position)

Laborer ___ Attendant/Cashier ___ Nature Aide ___ Recreation Aide ___ Tour Guide ___ Lifeguard ___

Office/Clerical: Can you type? Yes ___ No ___ If yes, approximate words per minute _____

Date you are available for work: _____

Which of the following are you able to work? (check all that apply)

Overtime Shifts Rotation

Note: Acceptance of seasonal employment does not imply eventual full-time status.

Recreation Instructor ___ Lifeguard ___*

*If applying for lifeguard – Check all certifications achieved and note the expiration date.

Advanced Lifesaving _____ Advanced First Aide _____ CPR _____ CPR Instructor _____

Multi-Media First Aide _____ First Aide Instructor _____ WSI _____ Basic First Aide _____

EDUCATION

	Name and Location	Graduate Yes/No	Diploma/Degree/ GED/Certification No. of Credits	Course/Major
High School				
College/University				
Business/Trade/ Technical				
Nursing/Medical				
Graduate Work or Other (Incl. Military)				

Describe and attach any relevant or required licenses or certifications. (Include issuer, identification number, expiration date, etc.)

**Allegheny County does not discriminate against anyone on the basis of a protected class including: race; color; religion; national origin; sex; gender identity or expression; sexual orientation; disability; age; or any other basis protected by federal, state or local law.*

List names of all relatives who are currently working for Allegheny County.

Name	Relationship	Department
_____	_____	_____
_____	_____	_____

Are you currently employed or have you ever been employed by Allegheny County? Yes No

If yes, Position Title _____ Department _____

Dates of employment _____ Reason for leaving _____

Are you currently employed by any other governmental unit, such as a school district, borough, housing authority, etc.?

Yes No If yes, explain: _____

Are you currently holding any public office? Yes No

If yes, explain: _____

Have you ever been bonded? If yes, for what job(s)? _____

EMPLOYMENT – Start with Present or Most Recent Employer. Include additional sheets if necessary.

(Month/Year) From: _____ To: _____		Employer's COMPLETE Name	
Business Type		Employer's COMPLETE Address	
Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/>			
Position Title and Duties (Describe in detail.)			
		Salary: Starting _____ Final _____	
Supervisor's Name & Title		Supervisor's Phone Number	Reason for Leaving
(Month/Year) From: _____ To: _____		Employer's COMPLETE Name	
Business Type		Employer's COMPLETE Address	
Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/>			
Position Title and Duties (Describe in detail.)			
		Salary: Starting _____ Final _____	
Supervisor's Name & Title		Supervisor's Phone Number	Reason for Leaving

IMPORTANT!!!

As part of the application process, all applicants under 18 years of age are required to submit along with their completed application for seasonal employment an Employment Certificate or Transferable Work Permit. Minors should contact their local school district for instructions.

CERTIFICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge, information and belief. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

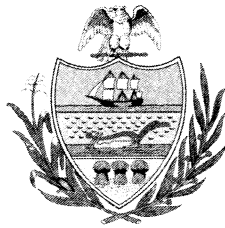
SIGNATURE _____

DATE _____

How did you hear about this position?

- County Website Job Fair _____ Newspaper _____
 County Employee College/University/Business or other school _____
 Career Link Monster.com _____

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Name: (Please Print) _____

Department: PARKS

Job Title: SEASONAL

Signature: _____

With which race and national origin category do you primarily identify? (Please check one.)

Check One	Description	Payroll Category Code 18
<input type="checkbox"/>	White	1
<input type="checkbox"/>	Hispanic or Latino	2
<input type="checkbox"/>	Black or African American	3
<input type="checkbox"/>	American Indian or Alaska Native	4
<input type="checkbox"/>	Asian	5
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	6
<input type="checkbox"/>	Two or More Races	7

HR Department Use Only

	Description	Payroll Category Code 19
<input type="checkbox"/>	Officials/Administrators	1
<input type="checkbox"/>	Professional	2
<input type="checkbox"/>	Technicians	3
<input type="checkbox"/>	Protective Services: Sworn	4
<input type="checkbox"/>	Protective Services: Non-Sworn	5
<input type="checkbox"/>	Administrative Support	6
<input type="checkbox"/>	Skilled Craft	7
<input type="checkbox"/>	Service/Maintenance	8

LAURA J. ZASPEL, DIRECTOR

DEPARTMENT OF HUMAN RESOURCES

102 COUNTY OFFICE BUILDING • 542 FORBES AVENUE • PITTSBURGH, PA 15219
PHONE (412) 350-6830 • FAX (412) 350-5230 • WWW.ALLEGHENYCOUNTY.US

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN RESOURCES**

PERMISSION TO INVESTIGATE

To Whom It May Concern:

I _____, have made application for a position with Allegheny County, Pennsylvania. I do hereby authorize Allegheny County to conduct an investigation into all phases and aspects of my character and background as they may relate to the position for which I am applying. Further, I waive my rights to privacy and release all individuals and organizations from any and all liability relative to this investigation, and hereby permit the release of all records and information as they may relate to the position for which I am applying.

Please be advised that the provisions of the Fair Credit Reporting Act may be applicable if a consumer report or investigative consumer report is obtained for you for employment purposes. The scope of such reports may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history; including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I understand that if any adverse action is to be taken based upon a consumer report or investigative consumer report, I will be provided a copy of the report and a copy of my rights pursuant to the Fair Credit Reporting Act.

Date

Signature of Applicant

IF THE APPLICANT IS UNDER EIGHTEEN (18) YEARS OF AGE, HIS/HER PARENT/GUARDIAN MUST EXECUTE THIS FORM ON HIS/HER BEHALF, BELOW:

Date

Signature of Applicant's Parent/Guardian

Name (print): _____

Relationship: _____

I authorize that a photocopy or other electronic copy of this authorization be accepted with the same authority as the original.

Last Name: _____

First Name: _____

Middle: _____

Other names used (including Maiden): _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____
MO. Day Year

Current Address: _____

If you have lived outside of Pennsylvania during the past 10 years, please list all addresses during that period. (Attached a separate sheet if necessary.) _____

For Department of Human Resource Use Only			
Prospective Hire	_____	Reference Check	_____
Prospective Volunteer	_____	Employment Verification	_____
Promotion	_____	Motor Vehicle Record	_____
Transfer	_____	Credit History	_____
Periodic Check	_____	Licence/Credentials Check	_____
		Criminal History	_____
Position Title:	_____	Act 33/34	_____
Department:	_____	Other:	_____