



## EMPLOYMENT OPPORTUNITY

The City of Rockport is accepting applications for a **Lifeguard**. This position participates in the provision of lifeguarding services for the Community Swimming Pool at 2001 Stadium Drive. This is a temporary part time position offering flexible hours.

Must be 15 years of age on date of employment. Other requirements include: possession of Lifeguard Certification and CPR / First Aid Certification required; ability to read, write and perform mathematical calculations; sufficient experience to understand the basic principles relevant to the major duties of the position, usually associated with the completion of an apprenticeship/internship or having had a similar position for one to two years is preferred.

Salary range is \$11.63 to \$17.53 per hour. This position is not available for benefits. Applications are available at Rockport Service Center, 2571 S.H. 35 Bypass, between the hours of 8:00 a.m. and 4:00 p.m. or online at [www.cityofrockport.com](http://www.cityofrockport.com). Certification training is available; for additional information contact Joe Riekers, Aquatics Manager, at 361-727-9989. A negative pre-employment drug test and pre-employment physical are required as part of the City of Rockport employment process. The City of Rockport is an EOE/ADA employer. Position open until filled.



**Lifeguard**  
Parks and Leisure Services

PK/10  
Grade: 05

**JOB SUMMARY**

This position participates in the provision of lifeguarding services at the city aquatics facility.

**MAJOR DUTIES**

- Enforces pool rules and policies.
- Assists in maintaining the cleanliness and maintenance of the facility and pools.
- Inspects facility and reports unsafe conditions.
- Prepares incident and accident reports.
- Participates in Lifeguard training exercises.
- Responds to water emergencies and performs water rescues.
- Delivers CPR and first aid as needed.
- Performs related duties.

**KNOWLEDGE REQUIRED BY THE POSITION**

- Knowledge of pool safety guidelines.
- Knowledge of water rescue techniques.
- Knowledge of pool maintenance and safe operation standards.
- Skill in the analysis of problems and the development and implementation of solutions.
- Skill in the provision of water rescue services.
- Skill in the completion of reports.
- Skill in oral and written communication.

## SUPERVISORY CONTROLS

The Aquatics Manager or Head Lifeguard assigns work in terms of detailed and specific instructions. The supervisor spot-checks work in progress and upon completion for accuracy, adequacy, and adherence to instructions and established guidelines.

## GUIDELINES

Guidelines include city and department policies and procedures and Health Department regulations. These guidelines are clear and specific.

## COMPLEXITY/SCOPE OF WORK

- The work consists of related lifeguarding duties. The need to respond to emergency incidents contributes to the complexity of the position.
- The purpose of this position is to perform lifeguarding duties at city pools. Success in this position contributes to the safety of patrons.

## CONTACTS

- Contacts are typically with co-workers and members of the general public.
- Contacts are typically to provide services, to give or exchange information, or to resolve problems.

## PHYSICAL DEMANDS/ WORK ENVIRONMENT

- The work is typically performed while standing, walking, bending, crouching or stooping. The employee occasionally lifts light and heavy objects, climbs ladders, uses tools or equipment requiring a high degree of dexterity, distinguishes between shades of color, and utilizes the sense of smell.
- The work is typically performed on a pool deck and in an outdoor aquatics facility. The employee is exposed to noise, dust, dirt, grease, machinery with moving parts, and irritating chemicals. Work may be performed outdoors in cold or inclement weather. Work requires the use of protective devices such as masks, goggles, gloves, etc.

## SUPERVISORY AND MANAGEMENT RESPONSIBILITY

None.

## MINIMUM QUALIFICATIONS

- Ability to read, write and perform mathematical calculations.
- Sufficient experience to understand the basic principles relevant to the major duties of the position, usually associated with the completion of an apprenticeship/internship or having had a similar position for one to two years is preferred.

- Possession of Lifeguard certification required.
- Possession of CPR / First Aid certification required.
- Minimum of 15 years of age on date of employment.

**CITY OF  
ROCKPORT**

622 East Market  
Rockport, Texas 78382  
361-729-2213  
www.cityofrockport.com



**EMPLOYMENT APPLICATION**

The City of Rockport does not discriminate on the basis of race, color, national origin, sex, religion, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status in employment or the provision of services. We comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

**Please Print**

POSITION APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ARE YOU UNDER 18?  YES  NO IF YES, GIVE BIRTH DATE \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO IF NO, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU PREVIOUSLY WORKED FOR THE CITY?  YES  NO IF YES, WHAT DEPARTMENT? \_\_\_\_\_

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

**OTHER THAN MINOR TRAFFIC OFFENSES, HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY) OR RECEIVED A PROBATED SENTENCE (INCLUDING DEFERRED ADJUDICATION) FOR AN ALLEGED CRIME, BEEN ASSIGNED A PROBATION OFFICER, OR PLEADED NOLO CONTENDERE TO AN ALLEGED CRIME? (A "YES" RESPONSE WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.)**  YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

**EDUCATION**  
(Transcripts may be required for verification of education)

SCHOOL	NAME AND LOCATION	MONTH/YEAR ATTENDED	GRADUATE	DIPLOMA OR DEGREE
HIGH SCHOOL		FM:	YES	GED:
		TO:	NO	
TECHNICAL SCHOOL		FM:	YES	
		TO:	NO	
COLLEGE/ UNIVERSITY		FM:	YES	
		TO:	NO	
GRADUATE SCHOOL		FM:	YES	
		TO:	NO	

**LICENSES, REGISTRATIONS OR CERTIFICATIONS:**

NAME OF TRADE OR PROFESSION \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS.** Please list any training, experience or hobbies related to your ability to perform the job. \_\_\_\_\_

**INDICATE ANY LANGUAGES YOU SPEAK, WRITE AND/OR READ**

(Fluently) (Good) (Fair)

**ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATIONS?**  YES  NO

If a reasonable accommodation(s) would be required for you to perform the essential functions of the job, describe any accommodations(s) required. \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

List most recent jobs first. Include job-related military service. If gap in employment, please explain.

EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY  HOUR  WEEK  MONTH  START \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING  RESIGNED  DISCHARGED  LAY-OFF  OTHER

EXPLAIN REASON FOR LEAVING \_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY  HOUR  WEEK  MONTH  START \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING  RESIGNED  DISCHARGED  LAY-OFF  OTHER

EXPLAIN REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

EMPLOYER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

SALARY  HOUR  WEEK  MONTH  START \_\_\_\_\_ TO \_\_\_\_\_

REASON FOR LEAVING  RESIGNED  DISCHARGED  LAY-OFF  OTHER

EXPLAIN REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list the names, addresses and telephone numbers of three (3) people NOT related to you and NOT previous employers.

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Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the bests of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Rockport is of an "at will" nature, which means that I may resign at any time and the City may discharge me at any time, with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically adopted by the City Council of the City of Rockport.

If employed, I understand that false or misleading information given in this application or in interview(s) may result in discharge. I understand, also, that I will be required to abide by all rules and regulations of the City of Rockport.

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Signature of Applicant

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Date

**WAIVER OF CONFIDENTIALITY**

I hereby waive my right of confidentiality and both authorize and request that information pertaining to my criminal history (if any) and driving record be made available to the City of Rockport to whom I have made an application for employment.

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Signature of Applicant

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Date

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Texas Driver License Number

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Class of License

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Social Security Number

**RELEASE OF PREVIOUS EMPLOYMENT INFORMATION**

I hereby authorize and request any previous employer to release information to the City of Rockport regarding my previous employment.

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Signature of Applicant

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Date





### NOTICE TO APPLICANTS

The City of Rockport participates in the Employer New Hire Reporting Program. We report information concerning each new employee to the Texas State Directory of New Hires. This information includes a new employee's name, address, Social Security number, date of birth, salary information, and other personal and work information. This program assists the Office of the Attorney General in locating parents who owe child support and helps detect fraud in other public assistance programs such as welfare, unemployment compensation, and workers' compensation.

Are you related to any elected or appointed official or current employee of the City of Rockport?

Yes  No. If yes, list name(s): \_\_\_\_\_

[Relationships – Your: parent, spouse, child, father-in-law, mother-in-law, stepchild (any child of your spouse who is not your natural or adoptive child), brother, sister, grandparent, grandchild, spouse's grandparent or grandchild, great-grandparent, great-grandchild, aunt who is a sister of your parent, uncle who is the brother of your parent, nephew or niece who is the child of a brother or sister of your parent.]

Please sign below to indicate you have read this notice.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date