



Emergency Contact Information \_\_\_\_\_  
Name Phone

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further certify that I am legally authorized to work in the United States and the State of Illinois, and understand that, if selected for a position, I will be required to submit legally required documentation prior to beginning my employment.

\_\_\_\_\_  
Name Date

The City of McLeansboro shall not unlawfully discriminate based on race, color, sex, national origin, age or handicap in admission to, or treatment or employment in, programs or activities.

**\*\*Reimbursement for any certification will not be made unless applicant has been officially hired by the City of McLeansboro as a lifeguard.**