

Splash Pool Management Co. Employment Application

Applicant Name: _____ Date ____/____/____

E-mail address _____

Home Phone _____ Cell Phone _____

Current Address: _____

Street City State Zip

County _____ Name of Subdivision _____ Current School/College _____

Highest High School/ College Level Attended: _____

Emergency Contacts:

1. Name: _____ Relationship: _____

E-mail address: _____ Phone: _____

2. Name: _____ Relationship: _____

E-mail address: _____ Phone: _____

Are you able to lift 50 pounds? Yes/No

Are you able to be in the sun and heat for long periods of time? Yes/No

Do you have a current American Red Cross Lifeguard certified or equivalent? Yes/No

Do you have previous Lifeguarding experience? Yes/No

Do you have a Driver's License? Yes/No

Do you have a reliable source of transportation to get you to work on a timely basis? Yes/No

Are you able to drive 15-20 miles to work? Yes/No

Are you willing to submit to a criminal history background check? Yes/No

Are you able to work flexible hours such as evenings, weekends, and holidays? Yes/No

What type of position are you seeking? Full Time/Part Time

Who referred you to Splash Pool Management Co.? _____

Name of referral must be provided at the time of Application for referral to receive bonus

Personal References:

1. Name: _____ Relationship: _____

E-mail address: _____ Phone: _____

2. Name: _____ Relationship: _____

E-mail address: _____ Phone: _____

Work References:

1. Name: _____ Job Title _____

E-mail address: _____ Phone: _____

2. Name: _____ Job Title: _____

E-mail address: _____ Phone: _____

Splash Pool Management Co. Employment Application

Applicant Name: _____

Upon Hiring-For Office Use Only

Interview Date: _____ Time: _____

Date of Birth _____/_____/_____ Age _____ Under 16 Over 18 Shirt Size _____

Social Security Number: _____-_____-_____

LG Certificate Date____/____/_____ LG Expiration Date____/____/_____ CPRO Date ____/____/_____

Vacations/Work Availability _____

Interview Notes: _____

____ Application ____ W-4 ____ G-4 ____ I-9 ____ I-9 ID's ____ Work Permit ____ Background Check

____ Employee Agreement ____ Permission

Pay Rate: _____ Start Date_____/_____/_____ Last Day_____/_____/_____

Pay Rate Change: _____ Start Date_____/_____/_____

Pay Rate Change: _____ Start Date_____/_____/_____

Pay Rate Change: _____ Start Date_____/_____/_____