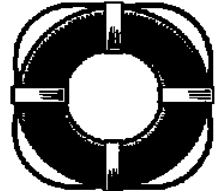


Employment Application



SPMS and Pool Guards, Inc.
 520 N. Oakhurst Dr.
 Aurora, IL 60502
 630-692-1500 • 630-692-1528 fax
www.poolguards.com email work@spmspools.com

Name: _____ Social Security Number: _____
 Address: _____

Street
City
State
Zip

 Phone Number: _____ Cell Phone Number: _____
 e-mail Address: _____
 Date of last physical examination: _____ Date of Birth: _____
 In case of emergency notify: _____

Name
Relationship
Phone

Applying for: _____ **District Manager (lifeguard certified)** _____ **Certified Lifeguard**

Education:

<i>School</i>	<i>Area of Study</i>	<i>Years Completed</i>	<i>Diploma/Degree</i>

Past Work Experience:

<i>Company</i>	<i>Address</i>	<i>Phone</i>	<i>Supervisor</i>

Current Lifeguard Certifications:

<i>Name</i>	<i>Agency</i>	<i>Expiration Date</i>

Please complete reverse side

Business/Work/School References:

<i>Name</i>	<i>Address</i>	<i>Phone</i>

Days Available: **# of hours per week requested:** _____

	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
AM								AM
PM								PM

Related Questions:

- What prompted your application to SPMS & Pool Guards, Inc.? _____
- If you were referred by a current employee, please give employee's name: _____
- Have you been convicted of a crime which has not been expunged, annulled, or sealed by a court? _____
If yes, please explain:

- Are you legally eligible to work in the United States? _____

Acknowledgement:

I certify that the information given on this application, accompanying information given, or to be given in any personal interview is a true and accurate representation of fact, and I understand that any misrepresentation or omission of such fact is grounds for immediate dismissal, no matter when discovered.

I further understand that any employment is conditional upon receipt of satisfactory references from former employers. I hereby authorize SPMS and Pool Guards, Inc. and its agents to request and receive references from all past and present employers, schools or others who may provide any reference information from any and all liability resulting from such investigation.

I have carefully read the above Information Acknowledgement and I understand and agree to all of the statements.

_____ *Applicant Signature*

_____ *Date*