



2020 Employment Application

Form #1

520 N. Oakhurst Drive
Aurora, IL 60502

FILL OUT ENTIRELY !

Phone: 630-692-1500 | Fax: 630-692-1528 | work@spmspools.com
www.poolguards.com

Name: _____

Address: _____
Street City State Zip

Employee's Cell Phone Number: _____ Home Number: _____

Employee's E-mail: _____ Date of Birth: _____
Print legibly!

In case of emergency notify: _____
Name Relationship Phone

Preferred Pool of Choice (cannot be guaranteed): _____
If no pool is identified, you will be placed at the pool closest to your address.

Applying for: (Please circle)

District Manager Assistant Manager Certified Lifeguard Pool Attendant
(does not require lifeguard certification)

Education:

Name of High School: _____
Year in school (Circle One): 1 - 2 - 3 - 4

Name of College: _____
Year in school (Circle One): 1 - 2 - 3 - 4

Number of hours requested per week: _____ **End Date (if prior to the end of the summer):** _____

Do you have a valid Lifeguard Certification valid through September 7, 2020? Yes No

If yes, Current Lifeguard Certifications: _____
Name of Agency Expiration Date

Related Questions:

- What prompted your application to Pool Guards, Inc.? _____
- 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 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 also understand that my employment will be summer employment only, and I will not file for unemployment when my employment ends.

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

Applicant Signature

Date