

# 2022 Employment Application

PLEASE, complete entirely.

520 N. Oakhurst Drive Aurora, IL 60502

Name:				
Address:Street				
			State	Zip
Cell Phone Number:				
E-mail:		Date of	of Birth:	
Date of last physical examina	ation:			
In case of emergency notify:				
	Name	Rel	ationship	Phone (Required)
Preferred Pool of Choice (H	Home pool cannot be g	uaranteed):		
Applying for: (Please circle	your choice below)			
Manager	Assistant Manager	Certified Lifeguard	Pool Attendant	t
<b>Education:</b>	S	8		
Name of High School:				
	(Circle One): 9 - 10 -	11 - 12		
Name of College: Years Completed (Circ	ele One): 1 - 2 - 3 -	4		
Tours completed (ene	10 One). 1 2 3			
Number of hours per week re	equested:	Last Day Available to	o Work:	
Comment I if a mount Coutificati	·			
Current Lifeguard Certificat	Name of Agency			Expiration Date
Never Been Certified:	Need	to take a certification class a	it DuPage Swim Cen	iter:
(check if app	licable)		(	(check if necessary)
<ul><li>Related Questions:</li><li>What prompted your application</li></ul>	ation to Pool Guards Inc '	)		
what prompted your applies	ation to 1 oor Guards, me.			
• Have you been convicted of If yes, please explain:	a crime which has not be	en expunged, annulled, or s	ealed by a court? _	
Are you legally eligible to v	vork in the United States?			
Acknowledgement:				
		ion, accompanying information		
interview is a true and accurate refor immediate dismissal, no matter		iderstand that any misrepreser	itation or omission of	such fact is ground
		onal upon receipt of satisfactor	ory references from f	Former employers
hereby authorize Pool Guards, Inc.				
who may provide any reference in				understand that my
employment will be summer empl	•			
I have carefully read the	above Acknowledgement and	d I understand and agree to all	of the statements.	
Applicant Signature		$\frac{1}{D_{\ell}}$	ate	
Applicani bignalare		Dt	ni C	



# EMPLOYEE PAYROLL FORM

Name:	Date:		
Name:(As it appears on your Social Sec	curity Card)		
A 11			
Address:Street:	City:	State:	Zip:
Employee's Cell Phone:	Home Phone		
Employee's Cell I Holle.	Trome I none.	•	
Employee Constitution			
Employee's Email Address:			
Emergency Contact:	Relationship:		Contact Phone:
rvanic.	Relationship.		Contact I none.
Casial Cassuity Nambau			
Social Security Number:	·		
Payroll Exemption:	(see below for assistance)		
Exemption number:			
•		0	
*0 exemption – less money received ea	ach paycheck but potentially higher	r refun	d when filing
taxes			
*1 exemption – more money received	each paycheck but potentially less	refund	when filing
taxes			

Pay Rate: (Pay rate applies to PGI home pool only. Rates for hours worked at other facilities will be determined by PGI personnel. Pay rates are not to be discussed at any time with other employees. Known discussion of pay rates with other employees will result in immediate disciplinary infraction).

# Pool Guards, Inc.

# SUMMER LIFEGUARD EMPLOYMENT CONTRACT

This SUMMER LIFEGU	JARD EMPLOYMENT	CONTRACT 1	s made this	aay or
	2022, between POOL G	JARDS, INC. (		•
[month]		("EMPLO"	YEE").	
[y	your name]		<del></del> ,	
In consideration of the	e mutual covenants and agree as	agreements set follows:	forth below, the	parties hereto
The EMPLOYER emplo	ys the EMPLOYEE, an	d the EMPLOY	EE accepts emp	oloyment with the
EMPLOYER as lifego	uard staff at		(hereby	referred to as
EMPLOYEE'S home po	ool location) between M	May 28 <sup>th</sup> , 2022,	or the first day	EMPLOYEE is
available to work, and co	ontinuing through Septe	ember 5 <sup>th</sup> , 2022	, voluntary sepa	ration (such as to
return to school), or	termination, whichev	er occurs firs	t (collectively,	the "Dates of
Employment").				

As compensation for services rendered under this contract, the EMPLOYEE shall initially be entitled to receive from the Employer \$12 per hour during the period of employment at the EMPLOYEE'S home pool only. The EMPLOYEE acknowledges that wage rates may differ at other pool locations; hence the EMPLOYEE's latter hourly wage shall only apply to the designated home pool location. EMPLOYEE shall only be paid by the number of hours called into the EMPLOYER'S payroll time-management system. The last paycheck will be mailed to the address we have on file. Make certain your correct mailing address is entered on all forms in this packet! Final payroll will be mailed on the 25th of September. EMPLOYEE must return all keys to EMPLOYER before EMPLOYEE'S final paycheck will be mailed.

- EMPLOYEE shall maintain a current Lifeguard, First Aid, and CPR Certification from an approved program (American Red Cross, StarGuard, or Jeff Ellis & Assoc.) during all Dates of Employment.
- All EMPLOYEES agree to attend at least one (1) required orientation meeting.
- EMPLOYEE agrees to complete all online examinations and any in-service training.
- EMPLOYEE agrees to work their scheduled hours, arrive on time, and perform required cleaning and lifeguard duties.
- EMPLOYEE agrees to find a fully-trained and lifeguard-certified Pool Guards, Inc. substitute co-worker if the EMPLOYEE cannot work the hours that they are scheduled to work, including when EMPLOYEE returns to school or resumes extracurricular activities.
- EMPLOYEE agrees that they shall not hold employment as a lifeguard for entities other than PGI during the Dates of Employment.

- EMPLOYEE agrees to abide by and adhere to PGI's Social Media Code of Conduct.
- EMPLOYEE agrees to purchase a PGI uniform and wear PGI uniform on duty.
- EMPLOYEE agrees to work only as described in the PGI Employee Handbook and follow all PGI policies, including its Anti-Sexual Harassment Policy.
- EMPLOYEE acknowledges that clock-ins prior to ten (10) minutes before a scheduled shift, and clock-outs beyond fifteen (15) after the conclusion of a scheduled shift will be adjusted to those times, except in the case of written approval by the pool manager.
- EMPLOYEE agrees that when serving as an assistant manager, they are to "clock down" to the role of lifeguard when the pool manager is on-site.

For:	POOL GUARDS, INC.	EMPLOYEE SIGNATURE
	Lauren Hodder By: Lauren Hodder Its: General Manager	
		PARENT SIGNATURE (if under 18)



# Pool Guards, Inc. Vacuuming and Pool Cleaning Waiver and Assumption of Risk:

## **Important Information**

The Pool Guards, Inc. is committed to providing a safe work environment, and holds the safety of its employees in high regard. PGI continually strives to reduce risks and insists that all employees follow safety rules and instructions that are designed to protect the employee's safety while vacuuming. However, employees and parents/guardians of minors must recognize that there is an inherent risk of injury when vacuuming a pool.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activity contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of injury while vacuuming or cleaning a pool. Understandably, not all hazards and dangers can be foreseen. As such, employees must understand that certain risks, dangers and injuries due to slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, and all other circumstances, inherent to pool cleaning exist. In this regard, it must be recognized that it is impossible for PGI to guarantee absolute safety.

#### Waiver and Release of All Claims

Please read this form carefully and be aware that you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and vacuuming and pool cleaning activities.

I recognize and acknowledge that there are certain risks of physical injury to employees while vacuuming or cleaning a pool, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these activities against PGI, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge Pool Guards Inc., including its officials, agents, volunteers and employees from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these vacuuming/pool cleaning activities. This release shall be binding upon me and my heirs, legal representatives, and assigns.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. EMPLOYMENT WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

Signature of Participant of Parent/Guardian: Date:	
Please print name of Parent/Guardian:	
Please print name of Child/Children:  A parent/legal guardian must fill out the registration form and s	sign the waiver for children under 18 years. If you're not a parent, proof of legal guardianship is required in



# **PGI Employee COVID Waiver**

Pool Guards, Inc. is implementing as many precautions as possible to prevent the spread of Covid-19. Despite these precautions, Pool Guards, Inc. in no way warrants or guarantees that PGI employees and their families will not be exposed to or contract COVID-19 by working at PGI run facilities. Thus, PGI strongly discourages employees who are at high risk or who have parents/guardians who are at high risk for severe illness from working at PGI pools this summer.

As part of your employee agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my children and/or my family, may be exposed to and infected with COVID-19 while working at PGI, and that such exposure or infection may result in illness, personal injury, permanent disability, and/or death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury resulting from exposure to COVID-19 (including, but not limited to, personal injury, disability, and/or death) to myself, my children and my family. I understand that any time a PGI employee or parent feels like the risk is too great to work, the employee can request to be removed from the schedule.

I hereby release, covenant not to sue, discharge, and hold harmless PGI, its employees, agents, and representatives from any claims arising out of the my, my children and/or my family's exposure to COVID-19, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of PGI and its employees, agents, and representatives and any facilities that you work at, whether a COVID-19 infection occurs before, during, or after working at a PGI run facility. I also agree to ensure that I and my family understand and will follow all of the precautions put in place by PGI.

 Employee Name Printed
 Employee Signature
Date



# **Employee Handbook Agreement**

I verify that I have read and received the Pool Guards, Inc. Employee Handbook.

I understand that the employee handbook constitutes basic guidelines for employment with Pool Guards, Inc.

I agree to work for and with Pool Guards, Inc., at will, under the conditions described in the Employee Handbook.

I understand that the guidelines and procedures set forth in the Employee Handbook are for my health and safety and I agree to follow such. Pool Guards, Inc. can change these guidelines and procedures at any time without notice.

I understand that not following the guidelines and procedures in the Employee Handbook can be grounds for employment termination.

I understand that this handbook does not constitute a binding contract nor guarantee employment for a definite length of time.

Print Name	Signature
Date	



## **Pool Guards, Inc. Social Media Policy:**

These guidelines provide employees with a summary of PGI's policies and guidance that apply to personal participation and comments on social media sites and group messaging apps. such as Facebook, Twitter, Instagram, LinkedIN, YouTube, Snapchat, Google+, Tumblr, TikTok, GroupMe, and affiliates/other like sites. The Guidelines apply to all external social media situations where you associate yourself with Pool Guards, Inc., interact with PGI employees, customers, vendors, or comment on PGI social media posts.

Our Expectations for Associates' Personal Behavior in Online social media:

- 1. You are responsible for your actions. Any statement, picture, or video you post can potentially tarnish PGI's image, and will ultimately be your responsibility. We urge you to exercise sound judgment and common sense at all times when participating in social media. The employee should be aware that PGI's managing personnel may observe content made available by employees through social media.
- 2. Some specific examples of prohibited social media conduct include posting content, commentary, or images that are defamatory, pornographic, harassing, libelous, bullying, violent, discriminatory or anything that could potentially create a hostile work environment.
  - a. Any online activity including posts after-hours that violates PGI's social media policy my subject an employee to disciplinary action or termination.
- 3. Be on the lookout for compliments and criticism.
  - a. If you come across positive or negative remarks about PGI or its employees, consider sharing them by forwarding them to work@spmspools.com
- 4. Employees are not to publish, post or release any information that is considered confidential or not public. Questions regarding what is considered confidential should be sent to work@spmspools.com.

These guidelines will continue to evolve as new technologies and social networking tools emerge. Check back periodically to make sure you are up to date. Pool Guards, Inc. may modify, suspend or withdraw the Guidelines at any time.

I certify that I carefully read and reviewed the guidelines of the Pool Guards, Inc. Social Media Policy, and do hereby agree to fully comply with its contents.

Acknowledged and agreed this	_ day of	, 2022.
LIFEGUARD (over 18)	LIFEGU	ARD (under 18)
Printed	Printed	
Signed	and PAR	ENT/GUARDIAN
Lauren Hodder <i>Lauren Hodder</i>		
General Manager		
Pool Guards, Inc.	Signed	



## 2022 CERTIFICATION

I certify that I have agreed and received a copy of Pool Guards Policy Against General, Sexual, Sex-Based Harassment, including Workplace Bullying and Violence in the Workplace. I certify that I carefully read and reviewed the content of this training material and completed the 2022 Sexual Harassment Prevention Training pursuant to the Illinois Human Rights Act, 775 ILCS 5/2-109.

Participant Information:		
(Printed Name - First, Middle Initial, Last)		
(Signature)		
Lauren Hodder <u>Lauren Hodder</u>		
General Manager		
Pool Guards, Inc.		



#### RED CROSS CERTIFICATION SUBSIDY AGREEMENT

- I, the undersigned, acknowledge that the DuPage Swimming Center agrees to subsidize the cost of this lifeguard certification class for lifeguards who work for Pool Guards, Inc;
- I acknowledge that I am aware that the full retail value of the Red Cross Lifeguard Certification and CPR Certification classes (collectively, the "Classes") that (I / my minor child) will take is Three Hundred Seventy-Five Dollars (\$375.00);
- I acknowledge that the DuPage Swimming Center will subsidize Two Hundred Dollars (\$200.00) of the full retail price of the Classes, reducing (my / my child's) cost to One Hundred Seventy-Five Dollars (\$175.00) if they are employed by Pool Guards, Inc. as a lifeguard for a minimum of 8 weeks out of the 2022 pool season; and refunds shall not be given due to student failure.
- I acknowledge that should (I / my child) not be employed by Pool Guards, Inc. as a lifeguard in the 2022 pool season, (I / my child) shall be liable to the DuPage Swimming Center for the amount of the subsidy (\$200.00), which shall be payable upon demand.

Acknowledged and agreed this day of , 2022. LIFEGUARD (under 18) LIFEGUARD (over 18) Printed Printed and PARENT/GUARDIAN Signed Return to: **DuPage Swimming Center** Printed 520 N. Oakhurst Drive Aurora, IL 60502 Questions? Signed Call: (630) 692-1500 ext. 101 or

Email:

work@spmspools.com

# Refer a Friend and Earn! New Employee Information: Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Phone Number \_\_\_\_ Phone Number \_\_\_\_ Phone Number \_\_\_\_ Please complete this form and submit at the time of application. If the new applicant works until the second week of August for our Summer 2022 season, the referring employee will receive a \$20 bonus.

Refer a Friend	and Earn!
New Employee Information: Name	
Phone Number	Pool Guards, Inc.
Referred By: Name	
Phone Number	
Please complete this form and submit at the time of app second week of August for our Summer 2022 season, the	

Refer a Friend	and Earn!
New Employee Information: Name	Pool Guards, Inc.
Phone Number	Pool Guards, Inc.
Referred By: Name	
Phone Number	
Diagon complete this form and submit at the time of anal	lication. If the new applicant works until the

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