



Aquaticare Pool Management Services

PO Box 800665 Houston Texas 77280

Phone # 713-722-7946

Fax # 713-463-8808

AQUATICS STAFF APPLICATION (Staff Referral Form)

Name: _____

Address: _____ City _____ Zip _____

Phone # () _____ Cell Phone # () _____ Alt. # () _____

E-Mail: _____ @ _____ Birth Date: ___/___/___ Soc. Sec. # _____ - _____ - _____

Referred by: _____

Drivers License # / Issuing State (If applying for area supervisor, Service tech positions) # _____ / _____

Please Fill out the area below and return via fax @ 713-463-8808 or mail to Aquaticare at P.O. Box 800665 Houston Texas 77280. You may also scan and email this application to sean@aquaticare.com.

Position Applying for:

I am interested in the following Position(s) for 2009: Please check all that apply (age restrictions)

- Lifeguard (15+)
- Swim Instructor (15+)
- Lead Instructor (16+)
- Head Lifeguard (16+)
- Site Supervisor (Must be 17 and at some locations 21+)
- Pool Maintenance (Must be at least 16+)
- Area Manager (Must be 21 or older w/ minimum of 4 yrs of pool related exp.)

Please Fill Out area below indicating certifications currently held :

Certification: Please note if you Certification is <i>NOT American Red Cross</i>	Issued (Date)	Expiration	Cert. #
Lifeguard Training			N/A
CPR			N/A
CPRFPR (For The Professional Rescuer)			N/A
Standard First Aid			N/A
WSI			N/A
LGI			N/A
WSIT			N/A
LGIT			N/A
CPO (Include License #)			
Other:			

If currently enrolled in school : Last day of school/finals? _____ Dates available: From _____ To _____

Permanent Address (If different from above) _____ City/State/Zip _____

Please list any health problems or physical limitations: _____

Education: School Dates Degree

Graduate School _____

College _____

High School _____

List any specialized training or education related to the position for which you are applying: _____

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Work Experience related to job for which you are applying:

Dates	Organization/Camp	Supervisor's Name	Salary	Phone Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Previous employment by the Aquaticare?

Dates: _____ Position _____ Supervisor _____ Location _____

References: Please list three adults (Not family members) who have knowledge of your character.

Name	Phone	Relationship	Duration Known
1. _____	(_____)	_____	_____
2. _____	(_____)	_____	_____
3. _____	(_____)	_____	_____

Have you ever been convicted of a felony? Yes No
 Arrested on drug charges? Yes No
 Treated in a resident, outpatient or rehabilitation center? Yes No
 If yes to any of the above questions, please explain

Please list any other skills not listed which you feel are relevant to the job for which you are applying: _____

How did you hear about Aquaticare's Employment Opportunities?

___ Parent ___ Friend ___ Newspaper Ad ___ Other _____

All of the information contained in this application is true to the best of my knowledge.
 I authorize Aquaticare to check my criminal record and
 all listed references previous employers and issuing agencies of Certifications.

Applicant's Signature _____ Date: ____/____/_____

Employers Area

Status

Hired
 Not Hired
 Probationary

Documentation

ARC
 DL
 CPO
 I-9
 W-4

Location Assigned

Position Assigned

Payroll Coding

____-____-____

Supervisor

Status Determined by:

Title _____
Employee # _____

Approval

GM _____
 DCO _____