Employee Information & Acceptance Form

Please fill in information:

Las	t Name:	
Firs	t Name:	
Add	lress:	
Hor	ne Phone:	
Cell	Phone (optional):	
Em	<mark>ail:</mark>	
Ori	- · · · · · · · · · · · · · · · · · · ·	ino, Black/African American, Native American/American
List	Indian, Asian / Pacific Islander, 2 persons to contact in case of emergency:	Other
	Emergency Contact #1	Emergency Contact #2
	<mark>Name:</mark> Phone:	<mark>Name:</mark> Phone:
Empl Empl Empl	oyees are also expected to be available on h	of 24 hours per week including (1) Weekend Day. olidays – Memorial Day, July 4th, and Labor Day. to 14 days non-consecutively. Additional requests for e to find a substitute.
 Understanding that my employment is conditional upon the following: a. returning all completed employment paperwork – all employees b. returning copies of all current/valid CPR and Lifeguarding Certifications (both sides) – Managers, Lifeguard Supervisors, Lifeguards c. passing required sex offender/criminal background check – employees 18 years and older Attend mandatory staff orientation Blood Borne Pathogen/Right to Know training on Friday,		
3.		
4.	• / • /	
5.	5. Commit to arrive at the pool on time every day to work—15 minutes before start of shift	
6.		
7.		from $5/25/24 - 9/02/24$ and not eligible for benefits
Sig	<mark>gnature</mark> :	