



2025 SuperSplash USA Employment Application

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Cell # _____ Home # _____ Birth Date _____

(Optional) Referred by _____

Preferred Position (check only one)

- Lifeguard (15 or older)
- Admissions
- Food Service
- Grounds

Date you can start: _____

Please list any other positions (if any) you would consider _____

Do you have any physical or medical limitations (i.e., back problems, allergies, etc.) which could potentially keep you from performing essential job functions? Yes _____ No _____

If yes, please explain _____

Please explain why you believe you would be a great fit for a position at SuperSplash USA and what qualities or skills make you a strong candidate for this job.

Lifeguard Applicants: SuperSplash USA offers necessary Lifeguarding and CPR training for new employees. If you already have these certifications or others, please write the expiration dates below:

Lifeguarding _____ CPR _____ First Aid _____ LGI _____

FOR OFFICE USE ONLY:

Employee Number: _____ Date of Hire: _____ Starting Rate of Pay: \$ _____

Department: _____ Supervisor: _____

Is this your first job? ___ Yes ___ No

If no, please fill out work history below, starting with most recent employer.

| | | |
|---------------------------|--------------------|--------------------------------|
| Company _____ | Start Date _____ | Job Title & Description: _____ |
| City _____ State _____ | End Date _____ | _____ |
| Supervisor _____ | Starting Pay _____ | _____ |
| Phone _____ | Ending Pay _____ | _____ |
| Reason for leaving: _____ | | |
| _____ | | |

| | | |
|---------------------------|--------------------|--------------------------------|
| Company _____ | Start Date _____ | Job Title & Description: _____ |
| City _____ State _____ | End Date _____ | _____ |
| Supervisor _____ | Starting Pay _____ | _____ |
| Phone _____ | Ending Pay _____ | _____ |
| Reason for leaving: _____ | | |
| _____ | | |

EMERGENCY CONTACTS:

(Name) (Relationship) (Phone Number)

(Name) (Relationship) (Phone Number)

| |
|---|
| Have you ever been convicted of a crime other than minor traffic offenses? Yes_____ No_____ |
| If yes, please explain_____ |
| Are you legally authorized to work in the United States? Yes_____ No_____ |

To the best of my knowledge, the information I have provided and the statements I have made in this application are correct and complete. I understand that misrepresentation or omission of facts called for in this application may be cause for immediate dismissal. I also understand that if accepted for employment, my employment with Wheelhouse LOWPINC Acquisition LLC. will be for no definite period of time and may be terminated at any time by either the company or myself listed with or without cause and with or without notice. I authorize Wheelhouse LOWPINC Acquisition LLC. to communicate with my former employers, school officials, persons named as references and to obtain background and credit information from certified agencies. I also understand before I am accepted for employment with said company, I will submit to a substance abuse examination and thereafter be submitted to random substance abuse examinations.

(Signature) (Date)