



954 State Road Y  
Linn Creek, MO 65052  
Phone (573) 346-6111



Submit to:  
jobs@supersplash.com

## 2026 EMPLOYMENT APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Birth Date \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Age \_\_\_\_\_

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 \_\_\_\_\_

**POSITION PREFERRED:** (CIRCLE ONE ONLY)

**Lifeguard (Must be 15 or older)**      **Admissions**      **Grounds**      **Food Service**      **EMT**

**Date** you can start \_\_\_\_\_ Are you seeking full time \_\_\_\_\_ or part time \_\_\_\_\_ seasonal employment?

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: \_\_\_\_\_

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 \_\_\_\_\_ LGI \_\_\_\_\_ WSI \_\_\_\_\_

EMT Applicants: Certifications are required, list expirations dates: EMT LICENSE \_\_\_\_\_ CPR \_\_\_\_\_

**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.

Employer	Job Title & Duties	Employment Dates	Reason For Leaving
Name _____ City _____ State _____ Supervisor _____ Phone _____	_____ _____ _____ _____ _____	From _____ To _____ Starting Pay _____ Ending Pay _____	_____ _____ _____ _____ _____
Name _____ City _____ State _____ Supervisor _____ Phone _____	_____ _____ _____ _____ _____	From _____ To _____ Starting Pay _____ Ending Pay _____	_____ _____ _____ _____ _____

**REFERENCES:**

List below the names of two persons not related to you who have known you at least one year:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Years Acquainted \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Years Acquainted \_\_\_\_\_ Occupation \_\_\_\_\_

**EMERGENCY CONTACTS:**

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

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 \_\_\_\_\_