



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



Submit to:
info@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 _____