



**Water Safety Consulting
& Pool Management, LLC**

815 West Joppa Road Towson, MD 21204 Phone: 410-213-5151 Email: watersafetyconsulting@yahoo.com

STAFF APPLICATION

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Present Address (if different): _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Cell # (____) _____

E-Mail: _____

Birth Date: ____/____/____ Soc. Sec. #: ____-____-____

Driver's License #: _____ Issuing State: _____

American Red Cross Username: _____

Position Applying For:

I am interested in the following position(s). Please check ALL that apply (age restrictions)

- Lifeguarding and/or Safety Instructor
- Office Staff
- Lifeguard
- Swim Instructor (WSI)
- CPO (Certified Pool Operator)
- Maintenance/Service Technician
- Lifeguard/Area Supervisor

Please Indicate Certifications Currently Held:

Certification	Issue Date	Expiration Date	Certification #
Lifeguarding			
CPR/AED Prof Rescuer			
First Aid			
WSI			
CPO			
LGI			
LGIT			
WSIT			
Other:			

Dates Available: From _____ To _____

Please List any Health and/or Physical Limitations: _____

Education:	School	Dates	Degree
Graduate	_____	_____	_____
College	_____	_____	_____
High School	_____	_____	_____

List any Specialized Training, Skills, or Education related to the position for which you are applying:

Work Experience related to job for which you are applying

Employer	Dates	Supervisor's Name	Phone Number

References

Please list three adults (non-family members) who have direct knowledge of your character and/or work ethic. These references will be contacted.

Name	Phone #	Relationship	Years Known

Have you ever been:

Convicted of a felony? Yes No
 Arrested and Charged with anything other than minor traffic violation? Yes No

If yes to any of the above questions, please explain:

How did you hear about **Water Safety Consulting & Pool Management's** Employment Opportunities?

Facebook Company Website Newspaper Ad School
 Current Employee Friend/Family Member Other
 Who? _____ Who? _____ Please Explain: _____

I certify that all information contained in this application is true to the best of my knowledge. I authorize **Water Safety Consulting & Pool Management LLC** to conduct a background check and contact all listed references, previous employers, and issuing agencies of Certifications.

Applicant's Signature: _____

Date: _____

Consent to Drug and Alcohol Testing

If you apply for and/or are offered and accept employment with Water Safety Consulting & Pool Management, LLC, in the interest of safety for the Company, co-workers, clients, customers, and anyone else you may have contact with as a result of your employment with us, you may be required to submit to a urine or hair follicle specimen test for drug and/or alcohol use.

YOU AGREE AS FOLLOWS:

I understand and agree that if I at any time refuse to submit to a drug/alcohol test under Company policy, or if I otherwise failed to cooperate with the drug/alcohol testing procedures, I will be subject to immediate discipline, including termination. At the time of testing, upon my request, I will be informed of the name and address of the laboratory that will test for drug and/or alcohol use.

I further authorize and give full permission to have the Company and/or its drug/alcohol testing laboratory to send the specimen or specimens so collected for screening for the presence of any prohibited substances, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company.

I will hold harmless the Company, and/or testing laboratory the company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug/alcohol test, as long as the release or use of the information is within the scope of Company's policy and the procedures explained to me. I will further hold harmless the Company, its physician and/or testing laboratory from any alleged harm to me that might result from the release or use of information or documentation relating to the drug/alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained to me.

I understand that the Company will require a drug/alcohol screen test under this policy whenever I am involved in and on the job incident or there are circumstances warranting or suggesting possible involvement or influence of drugs and/or alcohol in the workplace.

I, _____, have been fully informed of the reason for the test for drug and/or alcohol, I understand what I am being tested for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer, Water Safety Consulting & Pool Management, LLC and will become part of my file.

If this test is positive, and for this reason I am not hired and/or subject to discipline, I understand that I will be given the opportunity to explain the results of this test.

MARYLAND ONLY: I acknowledge the following provisions relating to Maryland law:

A. Notice of Positive Test Results.

(1) An employer who requires a job applicant, employee, or contractor to be tested for job-related reasons for the use or abuse of a controlled dangerous substance or alcohol

and who receives notice that a job applicant, employee, or contractor has tested positive for a controlled dangerous substance or alcohol shall provide to the job applicant, employee, or contractor with a confirmed positive test result:

- (a) A copy of the laboratory test indicating the test results;
- (b) A copy or written summary of the employer's policy covering an employee, contractor, or job applicant with a confirmed positive test result;
- (c) If applicable, written notice of the employer's intent to take disciplinary action, terminate employment, or change the conditions of continued employment; and
- (d) A statement or copy of the provisions set forth in §B of this regulation permitting a job applicant, employee, or contractor to request independent testing of the same sample for verification of the test result.

(2) The employer shall deliver the information required to be provided under §A of this regulation to the job applicant, employee, or contractor:

- (a) Either in person or by certified mail; and
- (b) Within 7 days from the date confirmed positive test results are received by the employer.

B. Right to an Independent Test.

(1) Challenge. A job applicant, employee, or contractor who is required to submit to job-related alcohol or controlled dangerous substances testing may request that an independent test be performed on the same specimen in a confirmation test by:

- (a) Notifying the employer and the laboratory that performed the confirmation test of the challenge to that test result; and
- (b) Requesting that laboratory to submit a sufficient portion of the original specimen to a different laboratory chosen by the job applicant, employee, or contractor and licensed by the Secretary to perform alcohol or controlled dangerous substances testing.

(2) Testing Sensitivity. The job applicant, employee, or contractor shall employ as an independent testing laboratory one that will perform the independent test using detection levels for alcohol or controlled dangerous substances equal to or lower than those provided by the laboratory that performed the initial confirmation test.

(3) Costs. The job applicant, employee, or contractor shall pay all costs of independent testing including any costs associated with specimen handling and transport.

I hereby authorize the test results to be released to Water Safety Consulting & Pool Management, LLC.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Witness: _____ Date: _____

Photo and Video Release Form

I the undersigned, freely acknowledge and realize the dangers of entering onto and participating in activities including but not limited to, swimming, access of swimming areas and making use of the swimming pool, recreation, and use of related equipment and facilities (collectively the "Activities").

I consent to the use of my photographic image, video, and voice for use in any marketing/advertising materials and/or programs created by Water Safety Consulting and Pool Management, LLC. I consent to the use of a variety of mediums which include but are not limited to: publications, brochures, posters, fliers, postcards, web pages, advertising on TV and/or radio, and print ads in various publications throughout the United States.

I waive, release, indemnify and discharge for myself, my heirs, executors, administrators, guardians, and legal representatives (including successors), any and all rights and/or claims which I have, may have, or which may hereafter accrue to me against Water Safety Consulting & Pool Management, LLC, and all other individuals, promoters, sponsors, and affiliated organizations and their respective agents, support personnel, volunteers, representatives, officers and employees for any damages, injuries or claims which may be sustained by me directly or indirectly arising out of the use of photographs, videos, and vocals of myself during courses conducted by Water Safety Consulting & pool Management, LLC. My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, damage, or loss to my person or property which may be:

- (a) caused by any act, or failure to act, by the above-identified persons and entities;
- (b) sustained by me before, during or after the Activities and its related events including the taking of photographs, videos, and vocal recordings; or
- (c) incurred by me as a result of or in connection with medical treatment necessitated by the foregoing.

I/We hereby acknowledge that my participation in the Activities and allowing use of photographs, videos, and/or vocals of myself is at my own risk and that the manager or any lessee or owner of all or a portion of the Property and Water Safety Consulting & Pool Management, LLC, including their respective officers, directors, owners, employees, agents or any other affiliated individuals and/or entities are in any way responsible for my safety while at the Property, or engaging in the Activities or photographic/vocal/video recording(s) of me related to the course being conducted by Water Safety Consulting & Pool Management, LLC.

I release any claim to or control over the photographs/vocal talents/video recordings regarding their production, use or placement in said advertising.

I have read this Agreement, Waiver, and Release and intend that same be executed under seal as defined by the laws of the State of Maryland if any term or provision of this agreement is found invalid or unenforceable, the remaining terms and provisions of this agreement shall remain binding and enforceable.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

I, as a parent or guardian of the above-named minor, hereby give my permission and consent voluntarily and freely for my child to participate in the Activities. I further agree individually and on behalf of my child to the above Waiver and Release after having fully read the terms hereof.

Signature: _____ Date: _____

Printed Name: _____ Date: _____