

Signature: _____ Date: _____

APPLICANT QUESTIONNAIRE

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you available for pre-season part-time clean-up work, starting two (2) weeks prior to Memorial Day weekend? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you available for full or part-time work (including weekends) starting Memorial Day weekend? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you involved in any activities, i.e. - team sports, church, band, etc. at any time during the pool season, that may conflict with a full-time schedule? If yes, please explain: _____
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I understand that if I plan on attending "Beach Week" or any vacation that coincides with "Beach Week" I am solely responsible for acquiring a fully qualified substitute. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. I understand that I must have in my possession all required original certifications and licenses (i.e. - lifeguard training, pool operators, CPR, first aid, etc.) while on duty. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. I understand that I am responsible for all of my scheduled hours and that substitutes are only permitted in cases of illness or pre-approved absences. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. I understand that Atlantic Pool Service, Inc. will only permit up to one week non-paid vacation from work. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. I understand that, if hired, I am required to purchase an Atlantic Pool Service, Inc. uniform and wear it at all times while on duty. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. I understand that, if hired by Atlantic Pool Service, Inc. and I am 15 years of age or younger I must obtain a work permit prior to commencing work. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. I understand that if my work schedule calls for a break period, I will not be paid for that break period. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. I understand that I will not be paid for any time I am not at my pool, i.e. - inclement weather, mechanical breakdown, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. I understand that if I am given a set of pool keys by Atlantic Pool Service, Inc. it is my responsibility to return those same keys to Atlantic Pool Service, Inc. office at 4129 Village Court, Annandale, VA -22003 upon termination of my employment and prior release of my final pay check. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. I agree to follow the Atlantic Pool Service, Inc. bloodborne pathogens policy as outlined in our employee handbook. |

I certify that all information herein contained is true and accurate.

Signature _____

Date _____

