



# Progressive Pool Management, Inc.



## Application for Summer Employment

Progressive Pool Management, Inc. is currently accepting applications for the summer of 2010. There are many openings for area supervisors, pool managers, assistant managers, lifeguards, Lifeguard/CPR instructors, and swim team coaches throughout the tri-state area. Please complete the application accurately and return to PPM, Inc. as soon as possible. Applications can be mailed to 1810 Philadelphia Pike, Wilmington, DE 19809, faxed to 302-798-4764, or e-mailed to progressivepool@aol.com. If you need further information regarding employment, lifeguard certification courses, or purchasing of lifeguard bathing suits, please visit [www.progressivepool.com](http://www.progressivepool.com) or call 1-888-766-POOL.

Thank you for your interest and we look forward to a fun and exciting summer season!

### General Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Last 4 Digits of SSN\*: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Returning PPM, Inc. Employees Please fill in this section:

Employee PIN: \_\_\_\_\_ Pool or Area worked previously: \_\_\_\_\_ Years with PPM, Inc. \_\_\_\_\_

### Position Applying For (Please check all that apply):

\_\_\_\_ Lifeguard      \_\_\_\_ Manager      \_\_\_\_ Assistant Manager      \_\_\_\_ Swim Team Coach  
 \_\_\_\_ Supervisor      \_\_\_\_ Lifeguard/CPR Instructor      \_\_\_\_ Diving Coach

### Preferences:

Type (1=Most preferred, 3=Least preferred): Single guard pool: \_\_\_\_\_ Two guard pool: \_\_\_\_\_ Multi-guard pool: \_\_\_\_\_

City/town/county/area: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Specific Pool: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Please list all certifications. Please attach copies of all certifications to the application:

\_\_\_\_ I currently have no certifications and need to enroll in a class. \_\_\_\_ I am currently enrolled in a class.

Please indicate whether the certification is from Ellis, Red Cross, American Heart Association, etc.

Note: CPR/AED must be for the Professional Rescuer or Healthcare Provider. Community CPR/AED and First Aid certifications are not accepted.

1. Lifeguard Training \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Where Obtained: \_\_\_\_\_
2. First Aid Training \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Where Obtained: \_\_\_\_\_
3. CPR/AED \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Where Obtained: \_\_\_\_\_
4. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Where Obtained: \_\_\_\_\_
5. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Where Obtained: \_\_\_\_\_

**Job/Volunteer Experience:**

Company Name	Position	Supervisor	Phone	Employment Dates	Ending Wage

*Other aquatic experience (swim lessons, swim team, etc.):*

**References:**

Name	Phone Number	Relationship	Years Known

**Availability:**

It is important to know each employee's availability when job placements are being made. Please answer the questions below as accurately as possible.

Hours desired per week:      10-20              20-30              30-40              40+

First day of work:    \_\_\_\_\_ Memorial Day Weekend              Other: \_\_\_\_\_

Last day of work:    \_\_\_\_\_ Labor Day              Other: \_\_\_\_\_

Please check(√) all days/times you are available. If unavailable, please leave blank.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00-4:00							
4:00-9:00							

List all dates you will be unavailable from Memorial Day to Labor Day. Include all vacations, concerts, sports camps, beach trips, etc.

\_\_\_\_\_

\_\_\_\_\_

Progressive Pool Management, Inc. uses an electronic Time Tracking system for payroll calculations. The use of this system is mandatory. Each employee must clock-in and clock-out using the computerized timekeeping system. This confirms the employee's attendance at work. Failure to clock-in or clock-out may delay the processing of your payroll.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, please have your parent or guardian sign below:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent E-mail Address: \_\_\_\_\_

\*PPM, Inc. requests the last 4 digits of your SSN for the purpose of tracking your application materials.