



Pool, Spa, & Beach Management

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BADGE-CHECKER APPLICATION

Name: _____ Date of Birth: _____

Street Address: _____ Town: _____ Zip: _____

Phone: (____) _____ - _____ Cell: (____) _____ - _____ S.S. No: _____

Requested Site(s): _____ Email: _____ Shirt: S M L XL XXL

WORK EXPERIENCE

DATE(S)	POSITION	EMPLOYER	PHONE

REFERENCE (NON-FAMILY)	PHONE

Please answer the following questions by circling your answer. Explain on the back if needed.

1. Are you willing and able to work Memorial Day to Labor Day?	YES NO
2. Do you relate well to different types of people?	YES NO
3. Do you have any condition that would inhibit your performance as a badge checker?	YES NO
4. Do you have transportation to and from work?	YES NO
5. Do you have a clean school disciplinary/police record?	YES NO

Please read carefully before signing

I verify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

Signature: _____

Date: _____