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APPLICATION FOR EMPLOYMENT

WET FEET POOLS, INC., AN EQUAL EMPLOYMENT OPPORTUNITY FOR ALL APPLICANTS AND EMPLOYEES AND THEREFORE DOES NOT UNLAWFULLY DISCRIMINATE IN HIRING OR EMPLOYMENT PRACTICES ON THE BASIS OF RACE, SEX, COLOR, AGE, RELIGION, NATIONAL ORIGIN, SEXUAL ORIENTATION, MARITAL OR VETERAN STATUS, MEDICAL CONDITION, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

IF YOU ARE NOT FILLING THIS IN ELECTRONICALLY, PLEASE PRINT ALL INFORMATION

SOCIAL SECURITY NUMBER		DATE OF APPLICATION	
LAST NAME		FIRST NAME	MIDDLE INITIAL
PRESENT ADDRESS: STREET			
CITY		STATE	ZIP CODE
HOME PHONE		ALTERNATE/CELL PHONE	
HAVE YOU EVER USED A DIFFERENT NAME FOR PURPOSES OF EMPLOYMENT OR EDUCATION? YES NO			
IF "YES" LIST NAME(S):			
ARE YOU UNDER THE AGE OF 18? YES NO IF UNDER THE AGE 18, DO YOU HAVE A WORK PERMIT? YES NO			
IF HIRED, CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO			
HAVE YOU EVER APPLIED FOR A POSITION AT WET FEET POOLS, INC.? YES NO			
IF "YES," GIVE DATE(S) YOU APPLIED?			
DO YOU HAVE RELATIVES EMPLOYED BY WET FEET POOLS INC.? YES NO			
IF "YES," PLEASE PROVIDE NAME(S):			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? YES NO			
IF "YES," STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE. (CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT)			
POSITION(S) DESIRED		TYPE OF EMPLOYMENT DESIRED	
		FULL-TIME PART-TIME TEMPORARY	
SALARY DESIRED \$ PER		DATE AVAILABLE TO BEGIN WORK	
WHAT HOURS ARE YOU AVAILABLE TO WORK?			
MON. TUES. WED. THURS. FRI.			
ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO			
IF "NO," DESCRIBE HOW YOU WOULD PERFORM THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION:			

EDUCATION, CERTIFICATION, SKILLS AND QUALIFICATIONS

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DEGREE OR DIPLOMA
			1	2	3	4	
HIGH SCHOOL							
TRADE SCHOOL							
COLLEGE/ UNIVERSITY							
OTHER							
OTHER							

LIST ANY PROFESSIONAL CERTIFICATIONS, LICENSES, OR CREDENTIALS YOU CURRENTLY HOLD. INCLUDE THE TYPE OF CERTIFICATION, ISSUING AUTHORITY, OR CERTIFICATION NUMBER AND EXPIRATION DATE.

TYPE OF CERTIFICATION/LICENSE/CREDENTIAL	ISSUING AUTHORITY	CERTIFICATION NUMBER	EXPIRATION DATE

LIST TRADE OR PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER, INCLUDING OFFICES HELD.

LIST ALL OFFICE SKILLS SUCH AS TYPING, SHORTHAND, OFFICE MACHINES, ETC. (DESCRIBE LEVEL OF COMPETENCE).

BRIEFLY DESCRIBE HOW YOU ARE QUALIFIED FOR THIS POSITION BY VIRTUE OF YOUR SKILLS, TRAINING, APTITUDE, OR INTERNSHIPS, WHICH YOU HAVE NOT HAD THE OPPORTUNITY TO PRESENT ELSEWHERE ON THIS FORM.

EMPLOYMENT INFORMATION

STARTING WITH THE CURRENT OR THE MOST RECENT POSITION, LIST ALL EMPLOYMENT FOR THE PAST TEN (10) YEARS. LIST ALL RELEVANT EXPERIENCES INCLUDING PAID EMPLOYMENT, VOLUNTEER WORK, OR WORK IN THE U.S. ARMED FORCES. **EMPLOYMENT RECORDS WILL BE VERIFIED.**

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO		
IF "NO," WHY NOT?		
JOB TITLE	DATES EMPLOYED	JOB DUTIES AND RESPONSIBILITIES
	FROM TO	
EMPLOYER NAME		
EMPLOYER ADDRESS	SALARY	
	START	FINAL
EMPLOYER TELEPHONE	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING
PLEASE EXPLAIN GAPS IN EMPLOYMENT (IF APPLICABLE):		
JOB TITLE	DATES EMPLOYED	JOB DUTIES AND RESPONSIBILITIES
	FROM TO	
EMPLOYER NAME		
EMPLOYER ADDRESS	SALARY	
	START	FINAL
EMPLOYER TELEPHONE	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING
PLEASE EXPLAIN GAPS IN EMPLOYMENT (IF APPLICABLE):		
JOB TITLE	DATES EMPLOYED	JOB DUTIES AND RESPONSIBILITIES
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	START	FINAL
EMPLOYER TELEPHONE	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING
PLEASE EXPLAIN GAPS IN EMPLOYMENT (IF APPLICABLE):		
JOB TITLE	DATES EMPLOYED	JOB DUTIES AND RESPONSIBILITIES
	FROM TO	
EMPLOYER NAME		
EMPLOYER ADDRESS	SALARY	
	START	FINAL
EMPLOYER TELEPHONE	SUPERVISOR NAME AND TITLE	REASON FOR LEAVING

CERTIFICATION

BY TYPING MY NAME BELOW AND SENDING THIS TO WET FEET POOLS, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND AGREE TO HAVE ANY OF THE STATEMENTS CHECKED BY WET FEET POOLS, INC. UNLESS I HAVE INDICATED TO THE CONTRARY. I AUTHORIZE THE REFERENCES LISTED TO PROVIDE WET FEET POOLS, INC. ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE ALL PARTIES AND PERSONS FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO WET FEET POOLS, INC. AS WELL AS FROM THE USE OR DISCLOSURE OF SUCH INFORMATION BY WET FEET POOLS, INC. OR ANY OF ITS AGENTS, EMPLOYEES OR REPRESENTATIVES. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OR, IF I AM HIRED, MY DISMISSAL FROM EMPLOYMENT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND STANDARDS OF WET FEET POOLS, INC. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WITH WET FEET POOLS, INC. IS OF AN AT WILL NATURE. THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE, AND WITH OR WITHOUT CAUSE, EITHER AT MY OPTION OR AT THE OPTION OF WET FEET POOLS, INC. NOTHING IN THIS DOCUMENT OR STATEMENT SHALL LIMIT OR MODIFY THE AT WILL RELATIONSHIP. NO MANAGER, SUPERVISOR, OR EMPLOYEE HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT FOR EMPLOYMENT OTHER THAN AT WILL. ONLY THE PRESIDENT OF WET FEET POOLS, INC. HAS THE AUTHORITY TO MAKE ANY SUCH AGREEMENT, AND THEN ONLY IN WRITTEN FORM AND EXECUTED BY THE PRESIDENT. THIS AT WILL AGREEMENT IS THE SOLE AND ENTIRE AGREEMENT BETWEEN WET FEET POOLS, INC. AND EMPLOYEE CONCERNING THE DURATION OF EMPLOYMENT AND THE CIRCUMSTANCES UNDER WHICH EMPLOYMENT MAY BE TERMINATED. I AGREE THAT THIS SHALL CONSTITUTE A FINAL AND FULLY BINDING INTEGRATED AGREEMENT WITH RESPECT TO THE AT WILL NATURE OF MY EMPLOYMENT RELATIONSHIP AND THAT THERE ARE NO ORAL OR COLLATERAL AGREEMENTS REGARDING THIS ISSUE.

I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY PROOF OF AN APPLICANT'S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES.

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THEM. I CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE FACTS CONTAINED IN THE APPLICATION (OR ANY RESUME OR OTHER DOCUMENTS SUBMITTED) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR OMISSIONS WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND WILL BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT, IF DISCOVERED AT A LATER DATE.

APPLICANT'S SIGNATURE

TODAY'S DATE

APPLICANT'S NAME PRINTED