



Application for Employment 2017

Thank you for your interest in lifeguarding with Sweetwater Pools. Enclosed you will find our application for employment. Please complete the application and submit it to us by e-mail, fax, mail, or in person at our office. If you are under the age of 18 years old, please be sure to have a parent or guardian sign at all required portions of the application.

The documents included in this application are as follows:

- Personal Information / Education / Prior work history (first two pages)
- Availability Calendar
- Conditions of Employment
- Uniform Agreement / Hepatitis B / Substance Abuse Policy
- Employee Policies and Procedures
- Worker Compensation and Insurance
- Uniform Order Form
- Form W-4
- Direct Deposit Form (optional)

Please complete and submit all documents enclosed. The *Availability Calendar* may be updated at a later date if you do not currently know your summer plans (e.g. summer vacation, school, sports, etc). The *Uniform Order Form* should be filled out and submitted with the application in anticipation of being hired and successful completion of a lifeguard certification course through Sweetwater Pools. Processing of payment for the required uniform will not be completed until either **(a)** you receive your uniform in person or **(b)** we send the uniform to be delivered by mail after you complete your lifeguard certification course. The *IRS Form W-4* must be submitted prior to your first day of work in order to ensure proper payroll processing. The *Direct Deposit Form* is entirely optional; if you choose not to enroll in direct deposit, you will be paid by physical checks sent through the mail instead.

The *Form I-9* (which is not included in this application) is to be completed in person at the lifeguard certification course or at our office with both the employee and a Sweetwater Pools, Inc. representative present. Please bring the appropriate documents with you. Visit www.uscis.gov or contact our office for additional information regarding acceptable documents for completion of the Form I-9.

If you have not yet signed up for a lifeguard certification course, please contact our office to get signed up as soon as possible. First year lifeguards are required to take a four-day American Red Cross lifeguarding course. This course will certify you for Lifeguarding, CPR/AED, First Aid, and Blood Borne Pathogens Training. Returning lifeguards who have already completed the initial four-day course may take a shortened Lifeguard Review course instead.

If you have any questions regarding the application process or lifeguard certification courses, please contact our office by phone or e-mail.

Thank you,

Alex Brown
Human Resources Supervisor
employment@sweetwaterpoolsinc.com
281-988-8480



10408 Rockley Road Houston, TX 77099
 Phone: (281) 988-8480 Fax: (281) 988-8503
 Employment@sweetwaterpoolsinc.com

APPLICATION FOR EMPLOYMENT 2017

(PLEASE TYPE OR PRINT CLEARLY)

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Date: _____ Previously employed by Sweetwater Pools: Yes No
 If yes, Pool Name: _____

Full Name: _____
 (Last) (First) (Middle)
 *AS SEEN ON YOUR BIRTH CERTIFICATE AND/OR SOCIAL SECURITY CARD – NO NICKNAMES OR ALIASES PLEASE

Permanent (Home) Address: _____
 (Street) (City) (State) (Zip)

Mailing Address: _____
 (Street) (City) (State) (Zip)
 * PLEASE COMPLETE IF DIFFERENT FROM PERMANENT (HOME) ADDRESS

Date of Birth: _____ Age: _____ SSN # _____ / _____ / _____
 (We must have this before we can enter you into our payroll system)

Home Phone # _____ Employee Cellular # _____ Alternate # _____

Employee Email: _____ Are you a US Citizen? Yes No
 PLEASE WRITE CLEARLY

Secondary Email: _____

Best Contact Method: Call ___ Text ___ Email ___ Best time to contact you: _____

Emergency Contact: _____ Relationship: _____ Phone # _____

Emergency Contact: _____ Relationship: _____ Phone # _____

Position Desired: _____
 (Lifeguard, Supervisor, Manager, Assistant Manager, Water Safety Instructor, Lifeguard Instructor, Auditor, Aerobics Instructor, Administrative/Office)

Have you ever been convicted of a felony? YES NO

If "yes", describe in full (such conviction will not necessarily bar applicant from employment).

For Office Use Only

Position 2017: _____ 2016: _____

Pool 2017: _____ 2016: _____

Hourly Rate 2017: _____ 2016: _____

Director: _____

DS: _____ BF: _____ PayCom: _____



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E D U C A T I O N	School	Name & Location	Dates Attended (Month & Year)	Degree/Diploma	Major Course Or Degree Plan
	High School:			Circle grade completed: 9 10 11 12 Did you graduate?	
	College:				

(List jobs starting with the present or most recent position. Include military)

W O R K H I S T O R Y	Employer: Name & Address	From – To	Position Held	Final Pay	Reason for Leaving	Supervisor: Name & Phone Number
	May we contact your present and/or last employer? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Certifications, Licenses & Specialized Skills

ALL EMPLOYEES MUST COMPLETE YEARLY CERTIFICATION WITH SWEETWATER POOLS

Completion of this portion is not necessary in order to apply. Proof of certification will be required prior to first day of work.

S K I L L S	Fill out if applicable	Expiration Date:	What Organization? (Red Cross, Ellis, YMCA, Other):	Instructor's Name:
	Lifeguard/First Aid:			
	CPR/ AED:			
	WSI:			
	LGI:			

<p>How did you hear about us?</p> <p> <input type="checkbox"/> Advertisement <input type="checkbox"/> Sign at swimming pool <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> High School Visit <input type="checkbox"/> Family / Friend <input type="checkbox"/> Sweetwater Employee </p> <p>Please provide the name of the person who referred you: _____</p>	<p>Where in Houston do you live? Please provide the name of the subdivision as well as the area of town (i.e. Cinco Ranch in Katy)</p> <p>_____</p>
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I understand proof of identity, citizenship and/or immigration status will be required upon employment.
 I certify any information given during the course of applying for a position with Sweetwater Pools, Inc. is true and complete. I authorize Sweetwater Pools, Inc. to thoroughly investigate my entire former employment history and other references, and to verify all data in my application for employment, related papers, or oral interviews. I understand any material misrepresentation or deliberate omission of a fact in my application or in the course of applying for a job may be justified for refusal of employment, or termination if hired. I further understand that any offer of employment is contingent upon the passing of a criminal history background check, verification of my Motor Vehicle Driving Record (if applicable), attendance at pre-season orientation, completion of American Red Cross Lifeguard Training and validation of my employment records. I release Sweetwater Pools, Inc. and all affiliated entities and all informants of all liability what so ever from such investigations.

_____ (Applicant Printed Name) _____ (Applicant Signature) _____ (Date)

_____ (Parent/Guardian Signature (if Applicant under 18 yrs old)) _____ (Date)



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- * Pools Closed (If open- Afternoon Shifts Only)
- [] School Holiday - Pool Open
- ☆ Opening Day – First Day Pools Open
- First Day of High School
- △ Closing Day – Pools Closed

2017 Availability Calendar

May 2017

Su	Mo	Tu	We	Th	Fr	Sa
	*	*	*	*	*	☆
7	*	*	*	*	*	13
14	*	*	*	*	*	20
21	*	*	*	*	*	27
28	[29]	*	*			

June 2017

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2017

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2017

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	[21]	*	*	*	*	26
27	*	*	*	*		

September 2017

Su	Mo	Tu	We	Th	Fr	Sa
					*	2
3	[4]	*	*	*	*	9
10	*	*	*	*	*	16
17	*	*	*	*	*	23
△ 24	*	*	*	*	*	*

Comments

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Please circle any dates you **WILL NOT** BE AVAILABLE to work this season.

Be sure to mark: Prom, graduation, vacations, camp, and extracurricular activities

List below any other restrictions you might have (i.e. summer school, etc). **BE SPECIFIC** about **all** times of day that you will be **UNAVAILABLE**. (Use the back if you need more space)

Once we have received this calendar with your application
 (and your parent's signature, if you are under 18 years of age), you
WILL BE EXPECTED TO BE AVAILABLE TO WORK
 the days and hours you have not indicated above.

I understand, I am committing to be available to work any days of the summer season that **are not** circled in the calendar above.

 (Applicant Printed Name)

 (Applicant Signature)

 (Date)

 (Parent/Guardian Signature (if Applicant under 18 yrs old))

 (Date)



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CONDITIONS OF EMPLOYMENT
PLEASE READ CAREFULLY BEFORE SIGNING

I certify any information given during the course of applying for a position with Sweetwater Pools, Inc. is true and complete. I understand proof of identity, citizenship and/or immigration status will be required upon employment.

I understand that Sweetwater Pools, Inc. has a zero tolerance Substance Abuse Policy and reserves the right to administer drug testing. Failure to adhere to this policy will result in mandatory and immediate drug testing of employees and/or immediate termination. I also understand that compliance with Sweetwater Pools, Inc.'s Drug and Alcohol Abuse, Sexual Harassment, and Equal Opportunity Policies is a condition of my employment.

The employee's work schedule and hours worked per week are subject to change at the employer's sole discretion. Employee's performance may be periodically evaluated to identify any weakness or problems (once a year at a minimum) and can be used as a basis for any salary increase or decrease. The employee will receive a copy of his/her job description upon completion of the pre-season orientation required by Sweetwater Pools, Inc.

I understand my employment will be at-will, and can be terminated by Sweetwater Pools, Inc. at any time, for any reason, or by me, with one (1) weeks written notice to my supervisor. Sweetwater Pools, Inc. is free to change wages and conditions of my employment at any time and I understand that I will receive a notice of such.

I understand I am subject to a criminal background check as part of Sweetwater Pools, Inc. hiring and/or continued employment policy. I hereby authorize and permit Sweetwater Pools, Inc. to obtain an investigative report which may include but is not limited to, information concerning driving records, criminal history or civil records.

I understand I am being hired for a seasonal job starting on or after April 1st and ending on September 30th of the fiscal year signed below. I further understand pool cleaning/maintenance positions are available after September 30th and I am required to submit a separate application for full time employment by August 1st the following year if I am interested in a position.

Fair Labor Standards Act (FLSA) Child Labor Laws for Fifteen Year-Old Employees:

The FLSA and Secretary of Labor govern how many hours in a day/week, what hours in the day, and what occupations are considered hazardous for youth, 14 and 15 years old. The following table outlines the restrictions on hours per day and per week:

15 YEAR-OLD CHILD LABOR RESTRICTIONS	# of hrs allowed per day	# of hrs allowed per week	Hrs of day in which work is permitted	# of hours Sweetwater will allow a day	Sweetwater will allow work between these hours
School Day (s) during school year	3	18	7 a.m. - 7 p.m.	2.5	8a.m.-6:30p.m.
Non-school day(s) during school year	8	18	7 a.m. - 7 p.m.	7.5	8a.m.-6:30p.m.
Summer (June 1 - Labor Day)	8	40	7 a.m. - 9 p.m.	7.5	8a.m.-8:30p.m.

In addition to the above, 15 year-old employees are not allowed access to the chemical room and pump room. Sweetwater Pools requires all employees to comply with the FLSA Child Labor Laws.

Scheduling Policy: I understand that I have a responsibility as an employee in regards to scheduling to ensure that the aforementioned policies related to FLSA Child Labor Laws for Fifteen Year-Old Employees is adhered to at all times.

15 year-old Employee Promise: I understand, that I have a responsibility to Sweetwater Pools, to immediately report any requests by my Pool Manager, Supervisor, or any other employee of Sweetwater Pools, that conflict or in any way contradict the aforementioned policies related to FLSA Child Labor Laws for Fifteen year-old Employees.

Web Based Employee Database/Scheduling: I understand, that as an employee of Sweetwater Pools, Inc., certain information (primarily my name, phone number(s), email, pool assignment and position - Manager, Asst. Manager, Lifeguard) may be made available to other Sweetwater Pools, Inc. employees via the company website as part of a password protected scheduling program available only to current Sweetwater Pools, Inc. employees and management.

Release to Use Photos: I, _____, hereby grant to Sweetwater Pools, Inc., the right to use any photograph(s) ("Photo") depicting me during training, working on the job, competing in lifeguard competition, employee appreciation day, or in any other Sweetwater Pools sponsored event/function, for advertising, marketing, recruiting, social media, and/or use on the company website. I hereby release and discharge Sweetwater Pools, Inc., its employees, agents, licensees, successors, and assignees from any and all claims, demands or causes of actions arising out of or relating to any of the rights granted under this agreement.

 (Applicant Signature)

 (Parent/Guardian Signature (if Applicant under 18 yrs old))

 (Date)



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UNIFORM AGREEMENT

I, _____ understand that as an employee of Sweetwater Pools, Inc., I am required to wear the designated apparel selected by Sweetwater Pools, Inc. I am aware I am responsible for purchasing the required uniform. The required uniform includes a Sweetwater Pools swim suit, shirt, shorts, whistle, lanyard, fanny pack & certification cardholder. A new shirt **MUST** be purchased each year, regardless of the number of hours I work. This packet must be purchased before I begin work. **These ITEMS are not returnable for any reason and are payable by credit card, check, money order or payroll deduction.**

(Applicant Initials)

HEPATITIS B VACCINE

I understand that due to my potential occupational exposure to blood, or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I understand that by OSHA regulations Sweetwater Pools, Inc. must provide the Hepatitis B vaccines if I come in contact with blood or other potentially infectious materials within 24 hours of an exposure. I further understand if I come into contact with blood or other potentially infectious materials, I must notify Sweetwater Pools, Inc. immediately and complete all necessary paperwork within 4 hours and make necessary arrangements to begin treatment.

(Applicant Printed Name) (Applicant Signature) (Date)

(Parent/Guardian Signature (if Applicant under 18 yrs old)) (Date)

SUBSTANCE ABUSE TESTING CONSENT FORM

Parent/Guardian Authorization for Testing Minors

I, _____ consent to any Drug, Inhalant & Alcohol testing required by Sweetwater Pools, Inc.
(Applicant Printed Name)

I authorize any hospital, clinic, physician, or health professional selected by Sweetwater Pools, Inc. for any drug and alcohol testing to release information among themselves and furnish results of each evaluation(s) to each other and to Sweetwater Pools, Inc.

I hereby authorize physicians, and hospitals that have treated me for illness/injury requiring prescription drug use to release such information to the drug testing clinic representative.

I agree to release and hold Sweetwater Pools, Inc. harmless from any action, claim, or liability, which might arise out of the drug and alcohol testing and the disclosure of the results.

(Applicant Signature) (Date of Birth) (Date)

(Parent/Guardian Signature (if Applicant under 18 yrs old)) (Date)

(Applicant Driver's License and Social Security Numbers)

(Witnessed By) (Date)



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Please do not submit this sheet with your application.

This information is for your records.

EMPLOYEE POLICIES AND PROCEDURES

I. PUNCTUALITY & ATTENDANCE

- A. All employees must be at the pool at least ten **(10)** minutes before he/she is scheduled to be on duty. (Some pools may differ. Check with your Supervisor/Manager). An employee is considered late to work if he/she arrives any later than ten (10) minutes before their scheduled shift. Do not arrive more than 15 minutes early or stay 15 minutes later than your scheduled shift without approval from your supervisor, Executive Director or Human Resources.
- B. It is your responsibility to obtain a substitute lifeguard (approved by your Supervisor/Manager) for any shift that you are scheduled for and are not able to work. You must also notify your manager and the HR Department of any shift change.
- C. Your application package includes a calendar schedule for the summer season. You will be required to work the days that were not indicated on this calendar.
- D. You are responsible for attending all scheduled meetings, seminars and in-service training for your job title. This is to include lifeguards, assistant managers, managers and supervisors.
- E. Managers and Asst. Managers must work the late shift and close the pool at least two nights during the week and one weekend night. Never close the pool early without getting approval from your Executive Director or Supervisor. Never leave the pool while closed for weather without receiving approval from your Executive Director or Supervisor. Final approval for leaving the pool premises for any reason during normal pool hours must come from the Executive Director or Supervisor – not the liaison or board members.
- F. You are required to give **at least a ONE WEEK** notice of last date of employment **IN WRITING**. If you are unable to report to work for a scheduled shift or complete a scheduled shift, you must give 48 hours notice and a valid excuse.

II. PERSONAL CONDUCT & ATTIRE

- A. All lifeguards must have proper Sweetwater Pools attire—a **Sweetwater logo swim suit** (women's black one piece or two piece/men's black board shorts) **and a Sweetwater shirt, proper footwear** (tennis shoes or sandals with back strap), **whistle and fanny pack** must be worn at all times while on duty. Each employee is required to have their Lifeguard certification cards with them and visible at all times while on duty, and pocket mask and gloves in their fanny pack. If women wear shorts they must be black Sweetwater shorts (cotton or board shorts with logo). Sun protection must be worn while on duty; this includes but is not limited to sunglasses, sunscreen, and a Sweetwater visor/hat (no other hats are permitted).
- B. You must perform first aid and/or CPR whenever necessary in the event of any emergency occurring on the pool premises. It is also required that all accidents and/or incidents at the pool be reported to the Supervisor, regardless of the nature of the accident/incident. All paperwork and reports must be completed and submitted to the Supervisor **within four (4) hours**.
- C. Lifeguards **MAY NOT** have visitors at the pool while on duty. **Talking while at a guard station will not be tolerated.**
- D. Personal phone calls are to be kept brief and only made while on break. No long distance calls, collect calls or 411/ information calls are to be made from the pool phone without prior approval from the Executive Director. Any unauthorized long distance calls will be charged back to the personnel on duty at the time of the offense.
- E. **No** smoking, vaping, chewing or dipping tobacco at any Sweetwater Pools property. (This policy includes all e-cigarettes, vaporizers, etc.)
- F. No eating **ON THE STAND**. Meals should be eaten while on break.
- G. No private pool use by any Sweetwater Pools employee. No after-hours meetings on or off the pool premises without prior approval from the Executive Director and the presence of the Supervisor, and/or Executive Director. Employees present at any pool managed by Sweetwater Pools while not on duty will be considered trespassing.
- H. Drug and Alcohol use is strictly prohibited at **all times** while in the employment of or representation of Sweetwater Pools. (Any employee suspected of drug/alcohol use will be offered a drug/alcohol test to clear their name)
- I. You must report any personal on-the-job injury to the office **within four (4) hours** in writing. Drug and alcohol testing is mandatory following all on-the-job injuries or Worker's Compensation claims.
- J. No books of any kind, magazines, newspapers, etc. are allowed while working at a facility.
- K. TV's, radios, video games, board games, playing cards, iPods/iPads, CD and DVD players, laptop computers, Bluetooth devices, hover boards etc. are **NOT** permitted while on duty, or at the pool at any time. If you bring a **Cell phone** it must be left in a backpack, purse, etc. (**NOT** permitted while on duty) No camera or digital pictures are to be taken on pool premises at any time unless under the direction or permission of Sweetwater Pools, Inc. management.
- L. There will be no tolerance for damage to property (vandalism, misuses, etc.). Vandalism is a criminal offense. The proper authorities will be notified and an official investigation will be initiated. Cost of repairs will be the responsibility of the employee(s) based on the outcome of this investigation.
- M. Horseplay and rough housing by employee, as well as personal injuries incurred as a result of flagrant violation of company policies will not be tolerated and will not be covered under Worker's Compensation.



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EMPLOYEE POLICIES AND PROCEDURES CONTINUED

III. GUARDING

- A. All employees will obey and enforce the community pool rules and regulations.
B. Rotation of guard stations will be determined by the Manager or Supervisor and will be adhered to by all guards.
C. When not guarding (during rotations and breaks), guards are responsible for all duties that are specified by the Manager/Assistant Manager, as well as the daily maintenance sheets and chemical reading sheets.
D. It is the responsibility of the Manager and/or Assistant Manager to handle all problems arising at the pool. If assistance is needed in handling any problems, the Supervisor and then Executive Director should be contacted.
E. When working with and administering chemicals, all required protective equipment MUST be used/worn and all appropriate precautions must be taken.
F. You are responsible for following and abiding by any and all additional policies and procedures during the course of your employment with Sweetwater Pools, Inc.
G. NO SWIMMING (not even breaks) while on duty according to Texas State regulations.
H. All guarding is conducted from Lifeguard stations--NOT on the deck even when one (1) person is in the water.
I. Four (4) hours of in-service per month (one hour per week) is mandatory according to Texas State regulations.

IV. FINES

- A. The following fines will be enforced:
1. Failure to give ONE WEEK notice of last date of employment \$50.00
2. Failure to report to work for scheduled shift without 48 hour notice (unexcused) per occurrence \$50.00
3. Failure to work complete scheduled shift without 48 hour notice (unexcused) per occurrence \$50.00
4. Leaving pool during scheduled shift \$50.00
5. Missing a scheduled meeting by the Office, Executive Director, Supervisor/Manager \$25.00
6. Not guarding from the lifeguard chair (without Executive Director/Supervisor approval) \$25.00
7. Not wearing required swim attire, Sweetwater identification, or whistle \$15.00
8. Use of cell phones while on duty (and other specified devices: i.e. iPods, CD players, etc.) \$15.00-\$25.00
9. Tardiness and leaving work before pool is closed (per occurrence) \$25.00
10. Failure to attend/complete one hour of in-service each week (per occurrence) \$25.00
11. Failure to complete and/or submit completed weekly reports (head counts, etc)(applies to Mgr/Asst) \$25.00
12. Failure to complete Schedules (by due date, time period, ect) \$25.00
13. Overfilling/Draining Pool (per occurrence) \$50.00
14. Any dishonesty, misrepresentation or deception by any and all parties relating to any clock in system, schedules, Payroll procedures, ect. \$50.00
15. Failure to follow any additional Sweetwater Pools Inc. policies not listed above (per occurrence) \$10.00-\$50.00
16. Intentional vandalism/damage to pool property and/or equipment (rescue tubes, graffiti, pool keys, etc.) \$Total cost of repairs / replacement

ALL FINES WILL BE DEDUCTED DIRECTLY FROM THE EMPLOYEE'S NEXT AVAILABLE PAYCHECK.

(Applicant Initials)

I HAVE READ AND UNDERSTAND THE RULES, REGULATIONS AND FINES IN THIS APPLICATION PACKAGE.
By signing below I hereby authorize Sweetwater Pools, Inc. to deduct any and all fines and charges from my paycheck. I will abide by all rules, regulations, and conditions of employment, uniform agreement, policies, and procedures, as well as additional rules, regulations, policies and procedures throughout my employment with Sweetwater Pools, Inc. If I am hired (or promoted to) Manager or Assistant Manager, I realize that I will be given additional rules and procedures that apply strictly to my position which I must follow. FURTHERMORE, I ACKNOWLEDGE THAT VIOLATION OF ANY SWEETWATER POOLS, INC. RULES AND REGULATIONS COULD RESULT IN SUB-PERFORMANCE REPORTS, FINES, AND/OR TERMINATION OF MY EMPLOYMENT.

(Applicant Signature)

(Parent/Guardian Signature (if Applicant under 18 yrs old))

(Date)



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WORKERS COMPENSATION AND INSURANCE

Please review the following information and complete this form as a part of the application process. Detailed information is available for review and can be found online at <http://www.texasmutual.com/hcn/hcn.shtm>.

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and/or imprisonment.

(Applicant Printed Name)

(Applicant Signature)

(Date)

Applicant Home Address (print clearly):

Street Address

City, State Zip Code

Name of Employer: Sweetwater Pools, Inc.

Name of Network: Texas Star Network[®]

Network service areas are subject to change.

Please indicate whether this is the:

Initial Employee Notification (this is your first notification)

Injury Notification (Date of Injury: ___ / ___ / ___)

**DO NOT RETURN THIS FORM TO TEXAS MUTUAL
INSURANCE COMPANY UNLESS REQUESTED**

2017 Uniform Order Form

NEW Employees are required to purchase ENTIRE uniform (swim suit, lifeguard shirt, fanny pack, whistle, lanyard, badge holder)
 RETURNING Employees are required to purchase a new shirt & replace any damaged or missing items

Required Uniform Items		Size (circle one)	
Men's Swimsuit \$29.00 Qty _____		Small Medium	Large X-Large
Women's One-Piece Swimsuit \$36.00 Qty _____		28 (2) 36 (10) 44 (18) 30 (4) 38 (12) 32 (6) 40 (14) 34 (8) 42 (16)	
or			
Women's Two-Piece Swimsuit \$36.00 Qty _____		X-Small Small Medium	Large X-Large
Women's Cotton Shorts \$13.00 Qty _____		Small Medium	Large X-Large
Lifeguard Shirt \$12.00 Qty _____ (circle one) (circle one) T- shirt Tank Sleeveless Tee Guard Asst. Mgr/Mgr (Leave blank if you're not sure)		Small Medium Large	X-Large XX-Large XXX-L
Fanny Pack \$5.00 Qty _____			
Fox 40 Whistle \$4.00 Qty _____			
Lanyard \$2.00 Qty _____			
ID Badge Holder \$1.00 Qty _____			
Optional Uniform Items			
SWP Baseball Hat \$7.00 Qty _____			
SWP Visor \$7.00 Qty _____ (If you wear a hat or visor at work it must be a Sweetwater hat/visor)			
Pocket Mask \$15.00 Qty _____ (included in Full Lifeguard Certification Course)			
Sunglasses \$15.00 Qty _____			
		Uniform \$ _____	
		Extras \$ _____	
		Mail Fee \$ _____	
		Total \$ _____	
		\$8.50 mailing fee; additional fee for large orders may apply	

Payment Information:

Employee Name: _____ Employee Phone #: _____ Pool: _____

Uniform Delivery: (check one) Pick-up at Sweetwater Office Mail (Mailing fee -\$8.50; fee will vary on large orders)
 10408 Rockley Rd. Mail to: _____
 Houston, TX 77099

Payment: (check one) Check Money Order Credit Card Payroll Deduction (call the office for more information)

**Make Checks and Money orders payable to Sweetwater Pools, Inc.

Credit Card Information: Card type: (check one) Visa MasterCard Discover Amex

Name on credit card: _____ Card number: _____

Expiration date (mm/yyyy) (ex. Mar. 2017, input 03/2017): _____

Mailed Date _____ Pick-up Date _____ Taken to Pool _____ Initials _____ Filled by _____ Mailed by _____

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: {

- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

. **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
(**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
- If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. **G** _____

H Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<p>Employee's Withholding Allowance Certificate</p> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	<p>OMB No. 1545-0074</p> <p style="font-size: 2em; font-weight: bold;">2017</p>
<p>1 Your first name and middle initial _____ Last name _____</p>		<p>2 Your social security number _____</p>
<p>Home address (number and street or rural route) _____</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</p>
<p>City or town, state, and ZIP code _____</p>		<p>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____</p>		<p>5 _____</p>
<p>6 Additional amount, if any, you want withheld from each paycheck _____</p>		<p>6 \$ _____</p>
<p>7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.</p> <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. <p>If you meet both conditions, write "Exempt" here ▶ _____</p>		<p>7 _____</p>
<p>Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ▶ _____</p>		<p>Date ▶ _____</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____</p>		<p>9 Office code (optional) _____ 10 Employer identification number (EIN) _____</p>

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$9,350 \text{ if head of household} \\ \$12,700 \text{ if married filing jointly or qualifying widow(er)} \end{array} \right\}$	2	\$ _____
	\$6,350 if single or married filing separately		
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Direct Deposit Authorization and Agreement

The undersigned (hereafter referred to as the “employee”) hereby authorizes and requests Paycom Payroll, LLC (“Paycom”) to make credits and/or debits from time to time in the account(s) identified below and authorizes the bank and any other financial institution to process such credits and/or debits. It is agreed that these credits and/or debits may be made electronically and under the Rules of the National Automated Clearing House Association (NACHA). It is agreed that Paycom is only responsible for the direct deposit of funds actually received, maintained and retained from employee’s employer, hereafter referred to as the “employer.” Employer’s instructions to Paycom and employer’s use of Paycom’s services shall not violate the NACHA rules or the laws of the United States.

NSF’s or Employer Withdrawals: In the event Paycom fails to receive and retain funds from the employer or in the event funds are withdrawn from Paycom’s account by reason of insufficient funds, reversal, failure to authorize or otherwise, the undersigned employee hereby authorizes Paycom to reverse or withdraw funds from employee’s bank account(s) designated below or any other bank utilized by employee as reimbursement to Paycom. In any such event, employee shall be liable to Paycom for all amounts paid to employee by Paycom, which have not been actually paid to and received by Paycom (and not in any way reversed) from employee’s employer. Employee agrees to be liable for and to reimburse Paycom for any amounts Paycom credits to employee’s account that are not actually received and retained by Paycom from employer. Employee hereby agrees that Paycom is not his/her employer but instead a mere intermediary and that in the event the employer fails to fully fund its payroll obligations, employee shall be liable to Paycom for any amounts Paycom credited from Paycom’s accounts to employee’s account. Employee agrees that Paycom reserves the right to reverse direct deposit of funds paid in error. It is the employee’s responsibility to verify funds deposited into such account(s) before performing transactions on those funds. Under no circumstances shall Paycom be responsible for insufficient funds charges or any other charges posted to employee’s account(s). By signing below, Employee agrees to the above terms. Employee further agrees to any Paycom Terms of Use for Direct Deposit Services, as may be amended from time to time. In the event employee does not agree to the above terms, employee should not sign this Agreement and should elect to be paid through ordinary check instead of using Paycom’s direct deposit feature.

Attach a voided check or copy of a check for each account. (No deposit slips please). Indicate whether it is a checking or savings account by circling the appropriate type of account.

Please call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings.

Main Account (Net Pay) – <u>Checking</u> or <u>Savings</u> Account (Check one) Acct # _____ ACH Routing # / __/__/__/_/_____ Bank Name _____	
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Additional Account - <u>Checking</u> or <u>Savings</u> (Check one) Acct # _____ ACH Routing # / __/__/__/_/_____ Dollar Amount or Percentage _____ Bank Name _____	Additional Account - <u>Checking</u> or <u>Savings</u> (Check one) Acct # _____ ACH Routing # / __/__/__/_/_____ Dollar Amount or Percentage _____ Bank Name _____
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Additional Account - <u>Checking</u> or <u>Savings</u> (Check one) Acct # _____ ACH Routing # / __/__/__/_/_____ Dollar Amount or Percentage _____ Bank Name _____	Additional Account - <u>Checking</u> or <u>Savings</u> (Check one) Acct # _____ ACH Routing # / __/__/__/_/_____ Dollar Amount or Percentage _____ Bank Name _____
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Employee Name _____ **Employee SS #** _____
Address _____ **City** _____ **State** _____ **Zip** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____