The following pages provide you with valuable information on the expectations and duties while working at Sears Pool Management Consultants.

In addition to this Handbook, you will be expected to read the SPMC Lifeguard Manual (found on our website under the Lifeguard tab). Each pool will have a Pool Notebook that has specific information about that pool. This notebook includes the daily checklist forms (shown in this handbook) that you are expected to complete while on duty. The notebook also includes the SPMC Lifeguard Manual so you can refer to it as needed throughout the pool season.

The last section of this handbook includes the Employee Paperwork that you will need to complete and return prior to your starting work.

Please carefully review ALL of the information contained in this handbook. If you have any questions, please consult the Sears Pool Staffing Manager.

Welcome to the SPMC Team!

We look forward to having a great summer together!

Updated January 2015
GENERAL POOL RULES
The following rules are commonly used at community and public pools. **Not every rule may apply to your pool.**

** Denotes a rule that is either mandated or strongly recommended by the health department.

1) Pool rules must be posted in pool area for patrons to be able to clearly read.**
2) “No Lifeguard on Duty” must be posted at all wading pools and all pools where there is a “swim at your own risk” time.**
3) Bather load must be posted (total # of swimmers allowed in pool area, includes water and deck).**
4) All patrons must shower before entering the pool.**
5) No glass allowed in the pool area.**
6) Diving shall not be permitted in water 5 ft. or less in depth.  
7) No dogs or other pets shall be permitted in the pool area.  
8) Admission to the pool shall be refused to any persons having contagious disease or infectious condition.  **
9) All infants and toddlers not potty trained, must have on rubber pants over their swim diapers. **
10) Admission to the pool shall be limited to members in good standing, their families and guests of their families. 
11) A child under the age of 18 must be accompanied by an adult (over the age of 18) member. 
12) The pool may be closed for maintenance, health conditions, weather, or any other reason deemed necessary by the Lifeguard, Manager, Pool Board Pres., or HOA Pres. 
13) When there is vomit or fecal matter in the pool, the pool must be shut down for a period of time (often 24 hours).  [See chart for specific guidelines.]**
14) Swimsuits shall be worn in the pool.  No jean cut offs or street clothing shall be allowed in the pool.  **
15) Food, drink, gum, and tobacco shall be allowed only in designated areas.
16) Trash should be placed in the provided receptacles.
17) Damage to club property, including trees, shrubbery, furniture, etc. shall not be permitted and anyone responsible for such damage shall be held liable.
18) All floats, swim fins, masks, snorkels, air mattresses, and other toys/accessories shall be allowed in shallow section of pool at the discretion of the lifeguard.
19) Piggyback games and standing on shoulders shall not be permitted.
20) Breath holding contests/games shall not be permitted, as they increase risk of shallow water blackout.
21) Frisbees & balls shall not be permitted in the pool area. The use of small soft Frisbees & balls may be permitted at the lifeguard’s discretion.
22) Flips and diving backwards off the pool sides shall not be permitted.
23) Running and rough play shall not be permitted.

WATERSLIDE, DEEP END & DIVING BOARD RULES

1) No child shall be permitted in the deep-water section of the pool unless he/she can demonstrate his/her ability upon request to swim one width of the pool in good form, and tread water for at least 30 seconds.
2) No flotation devices shall be allowed in the deep end.
3) No swimming in diving area, unless the Lifeguard has closed the diving area and permitted swimming.
4) One person on the board at a time.
5) One bounce and jump. NO double bounces.
6) Dive off the end of the board. Do not jump from the side of the board.
7) After diving/jumping, the swimmer shall immediately swim to the side of the pool nearest to the diving board and get out. There is NO swimming in the diving area after the swimmer has jumped in.
8) The swimmer on the board must wait until the diving area is clear before going off the board.
9) When 2 diving boards are being used, they shall be used alternately.
10) NO horseplay on the boards. NO handstands or sitting on boards. NO flotation devices are to be used when going off the board. NO goggles/masks are to be worn when going off the boards. NO running down the board before jumping in.
11) ONLY go off the board frontward. To prevent possible serious head, neck, and back injuries, NO inward dives, reverse dives, or backward dives without proper training and supervision.
12) Non-swimmers will not be allowed to go off the board or be in the diving area.
YOUR DISINFECTION TEAM: CHLORINE & pH

Protecting swimmers and their families from a recreational water illness (RWI) is the reason that pool staff regularly check both chlorine and pH levels. Chlorine and pH, your disinfection team, are the first defense against germs that can make swimmers sick.

What does chlorine do?
Chlorine kills germs in pools--but it takes time to work. Therefore, it’s important to make sure chlorine levels are always at the levels recommended by the health department (usually between 2.0-5.0 ppm).

Why does chlorine need to be tested regularly?
All sorts of things can reduce chlorine levels in pool water. Some examples are sunlight, dirt, debris, and material from swimmer’s bodies. That’s why chlorine levels must be routinely measured. However, the time it takes for chlorine to work is also affected by the other member of the disinfection team, pH.

Why is pH important?
Two reasons. First, the germ-killing power of chlorine varies with pH level. As pH goes up, the ability of chlorine to kill germs goes down. Second, a swimmer’s body has a pH between 7.2 and 7.8, so if the pool water isn’t kept in this range then swimmers will start to feel irritation of their eyes and skin. Keeping the pH in this range will balance chlorine’s germ-killing power while minimizing skin and eye irritation.

What else can be done to promote Healthy Swimming?
The best way to kill germs is by routinely measuring and adjusting both chlorine and pH levels. Since a few germs can survive for long periods in even the best maintained pools, it is also important that swimmers become aware of Healthy Swimming behaviors (don’t swim when ill with diarrhea, don’t swallow pool water, take frequent bathroom breaks, and practice good hygiene). Combining Healthy Swimming behaviors with good chlorine and pH control will reduce the spread of RWIs. For more information about healthy swimming, please visit www.healthyswimming.org.

CONTAMINATION PROCEDURES

If someone vomits/throws up or defecates/poops in the pool, you must:
1) Clear the pool and pool area/deck of all patrons.
2) Clean up the contamination as much as possible (if possible).
3) Call the office at 770.993.7492 so that we know the pool is closing, in case of inquiries as to why the pool is closed.
4) Follow the procedure for your county as listed in the contamination chart located in the Lifeguard Manual at the pool.
5) If you have any questions, ask your supervisor or call the office.
6) Document the incident in writing. Be sure to post contamination signs from the back of the lifeguard manual, or hand-made ones that read, “Closed for Contamination,” and note the time at which the pool was closed and the time at which it will be opened again. Post these at all entrances to the pool area.
7) Call your supervisor or the office to find out how much chlorine you should add to shock the pool. The supervisor of the pool you are guarding will be listed in the lifeguard manual. Shock the pool only with explicit directions from supervisor or qualified office staff.
8) When reopening your pool, check the chemicals and backwash.

If patrons ask you why the pool has to be closed down, you may let them know that it is for health and safety reasons and is required by the Board of Health. The pool has to be shocked in order to kill all bacteria from the accident. The pool water also needs enough time to go through the pump/filter system to be cleaned and then redistributed back into the pool. Because the pool has to be shocked with chlorine, it will take time for the chlorine level to come back down to a safe level for public use.
CLEANLINESS OF YOUR FACILITY

It is important that you keep your pool, pool deck, and restrooms in clean and neat condition. In order to ensure proper maintenance, below is a list of tasks to be regularly completed during your shift. A detailed checklist of your daily tasks is on the next page.

- **Pool and Pool Deck:**
  - Keep the pool clear of all debris and toys/floats. These should be removed from the pool when not in use or when left by patrons. All pools are equipped with a skimming net to remove leaves from the pool. **The pool skimmers function more efficiently when manual skimming is performed regularly.**
  - Keep the pool deck clear of leaves and toys. Some facilities have leaf blowers, which should be used when necessary.
  - Most facilities have a bin, or a storage area to the same effect, used as a lost-and-found. Place toys, towels, etc. neatly in designated bins or areas.
  - Empty the trash cans when they are half full and replace with clean liners.
  - Wipe down tables and chairs

- **Restrooms:**
  - Ensure that all restrooms are fully stocked with toilet paper, paper towels, can liners and soap.
  - Pick up trash found on floors and counters.
  - Flush & Clean toilets
  - Empty trash cans and replace liners.
  - Wipe down sinks and counter tops (and mirrors, if necessary).
  - Mop floors daily and when it is necessary.

Following these guidelines will optimize patrons’ experience and could potentially earn you bonus points! Not following them will result in negative bonus points. Note: **supervisors or office staff will be visiting your pool unannounced to assess your work.**

If you need supplies or have questions about what maintenance tasks you are responsible for, **call or email the office.**

The office number is 770-993-7492 and the email address is lifeguard@searspool.com.
SEARS POOL MANAGEMENT CONSULTANTS, INC.

DAILY / WEEKLY POOL DUTIES CHECKLIST

This form will be completed daily by all guards working at the pool. Guard is to put his/her initials in the box when task is completed. All Guards will be held accountable for records, accuracy, and documentation. Incomplete or false records will result in negative points towards end of season bonus.

This form is included in the Lifeguard Manual at each pool.

<table>
<thead>
<tr>
<th>Opening Checklist</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get Tubes, Manual &amp; Backboard from Guard Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get First Aid Kit from Guard Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check and Record Chemicals Chlorine/Ph If Chemicals are out of Balance Notify Office</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Check Water Level (Adjust if Needed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty All Skimmer Baskets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean Deck of Debris and Wash Areas with Food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blow / Sweep Deck as Needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straighten Furniture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and Restock Restrooms (Fill out Restroom Checklist)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check Pump Room for Leaks or Strange Noises If Problems are Present, Notify Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty Trash Cans if more than Half Full</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Throughout the Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skim Pool with Net as Needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacuum Pool (If not needed or not able N/A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and Restock Restrooms (Fill out Restroom Checklist)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check and Record Chemicals If Chemicals are out of Balance Notify Office</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Closing Checklist</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put Tubes, Manual &amp; Backboard in Guard Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put First Aid Kit In Guard Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check and Record Chemicals If Chemicals are out of Balance Notify Office</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Empty All Skimmer Baskets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean Deck of Debris and Wash Areas with Food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straighten Furniture &amp; Wipe Down Tables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and Restock Restrooms (Fill out Restroom Checklist)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty Trash Cans Unless Already Empty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Supplies needed through SPMC Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When you think there is nothing to do at your pool, complete the following list.

If these things are done, THEN there really may be nothing to do.

- Clean Tiles
- Pick-up Trash
- Take Out the Trash
- Clean the Trash Receptacles
- Skim and/or Vacuum the Pool
- Check & Clean the Skimmer Baskets
- Straighten & Clean the Furniture
- Sweep off/Hose down/Blow off the Deck
- Straighten the Guard Area
- Clean, Organize, & Inventory the Pump Room
- Check supplies for Bathroom
- Check other supplies, (first-aid, forms, etc.)
- Send in supplies request to lifeguard@searspool.com
- Brush the Pool
- Straighten Lost & Found
- Water the Plants
- Clean Algae spots on Deck area with Chlorine
- Take Chlorine & pH readings
- Confirm work schedule
- Check condition of all Equipment, Furniture, & Buildings
- Call Supervisor or Office to find out what else needs to be done
LOGGING INTO MY MITC

Use MyMITC to view your certifications, schedule, time sheet and check on Open Shifts.

The SPMC office prepares lifeguard schedules mid-month for the upcoming month. There are, on occasion, times when open shifts for the upcoming month are filled closer to the end of the month. It is IMPERATIVE that you check MyMITC on a regular basis – not just one time for the upcoming month.

It is YOUR responsibility to cover your shifts. If you have been scheduled for a shift that you now cannot cover, YOU are responsible for finding a sub for that shift. If you are not able to find a sub, YOU are responsible to be at work for that shift. No Shows for shifts (even if you advised the office that you can no longer cover a shift you were scheduled for) will result in Negative Bonus Points!

TO LOG IN to MyMITC, go to mymitc.searspool.com

- Click “Time Sheet”
- Enter your Username:  first initial & last name  (jsmith)
- Enter your Password:  (typically the) last 4 digits of your SSN twice (12341234)
- IF YOU HAVE Trouble logging in, contact the SPMC office immediately!
- Once you have logged in:
  - Click “Calendar” to view your upcoming shifts
  - Click “Time Sheet” to view the current hours worked
    - IMPORTANT!  If you have missed a clock in or clock out, there will be a warning on your time sheet.
      - If you see this warning, make sure you address it!
      - If you miss clock ins/outs, that means you have ZERO hours for that day and you will not be paid!
  - Click “Control Panel” and then “Open Schedules” to view available shifts.
    - Enter the time period that you are looking for
    - Select a Job (Pool)
      - If you leave it at “All”, then you will get every open shift SPMC currently has available.
      - If you only want to work at a certain pool, select that pool from the drop down menu.
    - Picking up Open Shifts
      - You are not able to assign yourself to a shift from MyMITC. You must call the SPMC office at 770-993-7492. You can also email lifeguard@searspool.com with shifts you would like to pick up.
  - Click on “My Training” to check your certifications and expiration dates.
    - If you don’t see information under My Training, it means we do not have a copy of your LGT Certification.
    - If your certification expires before the season ends, you MUST get recertified before your expiration date or you will not be allowed to complete the season.
SEARS POOL MANAGEMENT CONSULTANTS, INC.

SEASON END BONUS

SPMC Lifeguards are eligible to receive a Season End Bonus of up to $1.00 more per Regular hour worked. The amount is determined based on the points awarded or lost throughout the season. (See chart below).

The following criteria must be met in order to receive the bonus:

- Must work a minimum of 100 hours during the season
- Must finish the season
  - Based on what you indicated your last day of employment availability is when you completed your Availability Calendar.
- Must work Two (2) of the Three (3) holidays (not two days in one holiday weekend)
  - Memorial Day (3 days to choose from)
  - July 4
  - Labor Day (3 days to choose from)

The bonus is paid on ALL REGULAR HOURS worked during the season. Regular hours are defined as any hours worked that were not paid at holiday, school day or pool party rates.

Bonus points are entered weekly in our database. You can call the SPMC office to see how many points you have acquired.

<table>
<thead>
<tr>
<th>POSITIVE Action</th>
<th>Points Awarded</th>
<th>NEGATIVE Action</th>
<th>Points Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend Pre-Season Orientation Meeting</td>
<td>20</td>
<td>Failure to attend Pre-Season Onsite Orientation Meeting without excuse</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>submitted to Staffing Manager</td>
<td></td>
</tr>
<tr>
<td>Attend Pre-Season On-Site Orientation Meeting</td>
<td>10</td>
<td>Failure to attend In-Service Training Meeting without excuse submitted to Staffing Manager</td>
<td>5</td>
</tr>
<tr>
<td>Attend On-Site Lifeguard Meetings (scheduled by the Staffing Manager)</td>
<td>5</td>
<td>Improper or Falsified Chemical Record Keeping</td>
<td>5</td>
</tr>
<tr>
<td>Attend In-Service Training Meetings</td>
<td>10</td>
<td>Dropping a shift the day of the shift without valid excuse and/or not finding a substitute guard to cover the shift</td>
<td>Up to 10 points</td>
</tr>
<tr>
<td>Pass Written Quiz at In-Service Training</td>
<td>5</td>
<td>NO SHOW for a shift</td>
<td>15</td>
</tr>
<tr>
<td>Wearing SPMC Uniform to In Service</td>
<td>5</td>
<td>Negative feedback from customers and/or Pool Supervisors</td>
<td>Up to 10 points</td>
</tr>
<tr>
<td>Pick-up Shift (Day of Shift, per SPMC request)</td>
<td>5</td>
<td>Actions deemed negative by Negative feedback from customers and/or Pool Supervisors</td>
<td>Up to 10 points</td>
</tr>
<tr>
<td>Pool Site Visits by SPMC Management or Pool Supervisor (See next page)</td>
<td>Up to 10 points</td>
<td>Consistent tardiness or early departure (reviewed monthly)</td>
<td>5</td>
</tr>
<tr>
<td>Positive Feedback from Customers and/or Supervisors</td>
<td>Up to 10 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions deemed positive by Staffing Manager and/or SPMC Management (reviewed monthly &amp; at end of season)</td>
<td>Up to 10 points</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is our hope that every employee gets the maximum bonus for the season. If you attend orientation and both in-service trainings, you get 60 points right there! The other 40 points are easily acquired by doing your job effectively.
Pool Visit Report

Manager Name:

**Pool INFORMATION**

| Pool Name: | |
| Date: | |
| Head Guard: | |
| Guard 2: | |
| Guard 3: | |
| Guard 4: | |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Points / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is pool gate closed and latched? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are lifeguards in lifeguard stands? +/- 10</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are lifeguard(s) in SPMC uniform with whistle and pocket mask? +/- 10</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are rescue tubes and first aid kits readily accessible to lifeguard(s)? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are lifeguard(s) providing active surveillance of patrons? +/- 10</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are chemical logs up to date? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are all cell phones or electronic devices stored in guard room? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is pool surface clean and free of debris? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are skimmers cleaned out? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are garbage cans clean and lined? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Are restrooms cleaned and fully stocked with supplies? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is deck clean and free of debris? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is pool furniture straightened and clean? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is pool bottom clean and free of debris? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is pool tile clean? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is pump room clean and neat? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is guard room clean and neat? +/- 5</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Is pool phone working? Phone Number #</td>
</tr>
</tbody>
</table>

Additional Comments:
THE FOLLOWING PAGES CONTAIN EMPLOYEE PAPERWORK THAT MUST BE COMPLETED AND RETURNED TO THE SPMC OFFICE BEFORE YOU CAN START WORK.

This paperwork can be brought to the SPMC office when you come in for your interview; faxed to our office (770-993-7491); scanned and emailed to lifeguard@searspool.com or mailed to our office at 1180 Hightower Trail, Sandy Springs, GA 30350

SPMC is a Drug Free Workplace!

All employees are expected to agree to work under the conditions requiring a Drug Free Workplace, consistent with Federal, State, and Local Law and may be subject to urinalysis and/or blood screening or other medically recognized testing designed to detect the presence of alcohol or controlled drugs.
Welcome to Sears Pool Management!

There are several documents that we must have on file from each employee in order to release your paychecks. These papers are important for your payroll and our insurance. Please review the following items to make sure that you have supplied all of this to our office before your first day of work.

Guard Duties Agreement: This must be completely filled out and signed every year by employees who will be employed as a lifeguard. You will need to initial next to each statement recognizing that you understand your duties as a Sears Pool Management Lifeguard. This document will also be signed by a SPMC Representative. Note: The signature of a guardian is required for employees under the age of 18.

Employee Agreement: This must be completely filled out and signed every year by all employees. You will need to initial next to each statement recognizing that you understand the agreement that is being made between you and Sears Pool Management. Note: The signature of a guardian is required for employees under the age of 18.

Federal Tax Form: This must be completely filled out and signed every year by all employees. This form advises payroll on how many allowances you are claiming for the basis of calculating your federal withholding tax.

State Tax Form: This must be completely filled out and signed every year by all employees. This form advises payroll on how many allowances you are claiming for the basis of calculating your state withholding tax.

I-9 w/supporting documents: This document must be completed when you are hired. The I-9 shows proof to the US government that you are legally allowed to work in the United States. In order to properly process an I-9 form, we will need a copy of supporting documents. The full list of acceptable documents is provided.

Direct Deposit Form: Direct Deposit of your paycheck is STRONGLY encouraged. Paychecks are automatically deposited into your checking account on payday. Direct Deposit vouchers will not be printed. You can create an account at www.portal.adp.com to view all of your paystubs. Registration code for ADP is searspm-adpnet. If you choose to not use Direct Deposit, you will need to pick your paychecks up at the SPMC office or provide stamps for mailing.

Availability Calendar: All Sears Pool Management lifeguards and Gate/Front Desk attendants will need to complete an availability calendar and turn it into the office so that their work schedule can be created. Please include ALL vacations, team events and social/business obligations that you have throughout the summer. Summer work schedules are created one month at a time. Any changes to your availability calendar must be submitted by the 15th day of the month prior. Otherwise, you may be scheduled to work, and would then be responsible for finding a replacement.

The following is NOT included in this handbook but MUST BE provided to SPMC before starting work:

Work Permit: All Sears Pool Employees under the age of 18 must obtain a work permit before they can begin working. This can be done online at http://www.dol.state.ga.us/em/online_work_permit.htm or obtained from any public school guidance office. You will need to fill the top portion of the work permit request form, and submit it to our Staffing Manager. We will complete the form and return it to you to submit it back to the guidance office. Once an official work permit is issued, you will need to provide Sears Pool Management with a copy.

Certifications: Before your first day of work, SPMC must have a copy of your LGT certification cards on file. If you were employed in the past year with SPMC, you can check MyMITC and look at “My Training” to see if your certification is current through the upcoming season. Failure to submit a current copy of your certifications may result in suspension or termination. Please note: LGT/First Aid & CPRO certifications are valid for 2 years from the date of course completion. If your certification expires before the season ends, you must get recertified to complete the season.

If you have any questions about completing any of the following documents, please consult our Staffing Manager for assistance.
SEARS POOL MANAGEMENT CONSULTANTS, INC.
GUARD DUTIES AGREEMENT

Please read the following, initial each point, and sign the bottom.

I have been given a copy of the chemical record sheet and know how to fill it out. I understand that I need to check the chemicals three times per day and that there will be a $5 penalty for failing to complete the form.

I understand that I am not allowed guests of any kind at the pool. I understand that socializing while on duty (even with pool members) is strictly prohibited. My first responsibility as a lifeguard is to focus all my attention on the people in the pool.

I understand I must be in proper SPMC uniform while on duty which is a clean SPMC t-shirt, navy blue lifeguard swim suit or shorts and a whistle.

I understand that using any electronic device while on duty is strictly prohibited. This includes including text messaging & playing games.

I have been given a copy of the opening, closing, and shift duties and understand to perform them during each shift.

I have been given a copy of the pool rules I am expected to enforce. I understand that these pool rules are important for the safety of the pool patrons and I will enforce them fairly and consistently.

I understand that I must be in the lifeguard stand when there are more than 5 patrons in the pool. If there are 5 or fewer patrons, I understand that I can sit at the pool’s edge (not in a laying down lounge chair), and have a clear view of ALL patrons.

I understand that when I am working a shift at the pool, I am not allowed to leave the pool for any reason, except when I have permission from the office or pool chair to close early due to bad weather. I also understand that while I am on duty, I am not allowed to leave the pool area for any non-emergency reason. If there is a life or death emergency that requires me to step away from the pool, I will clear the pool of all swimmers first, and inform the office.

I agree that when there are no patrons at the pool, I will make sure the facility (bathrooms, pool, deck, and pump room) is clean before relaxing. I know that there is no excuse for a dirty facility or pool when there are no patrons at the pool.

I agree to check the bathrooms & trash cans at every break to make sure they stay clean. This includes cleaning when necessary and keeping supplies in stock. When the trash cans are more than half-full, I will empty and reline them.

I have been given directions on what to do in case of a contamination, and I will follow the procedures outlined in the lifeguard manual.

I understand that the mixing of different chemicals (i.e. granular chlorine and stick chlorine) may cause a chemical explosion. I will not add chemicals to the pool unless under the direct supervision of an SPMC salaried employee.

I agree to learn how to operate & use any necessary equipment required to perform maintenance duties. This may include but is not limited to:
- Vacuuming the pool(s)
- Backwashing the filter(s)
- Emptying skimmer baskets
- Skimming the pool(s)
- Recreational features (slides, mushrooms, spray jets, fountains)

I understand that as a lifeguard I am responsible for the pool and pool property. This means that if pool property is lost or damaged due to my negligence, I am responsible for paying for the property to be replaced. This may include, but is not limited to:
- Lost keys
- Damaged umbrellas due to not be lowered before a storm
- Leaving the fill line on and overflowing the pool (wasted water)
- Leaving the backwash line open and draining the pool (lifeguard must pay to refill pool)
- Leaving pool area (gates & doors) unlocked when I leave the pool property

I understand that while I am clocked in as a Sears Pool employee according to my schedule, I am covered by the Sears Pool liability insurance. I understand that if I accept money from a pool patron to stay beyond my assigned shift, that I am not covered by this insurance and could be found liable for any accidents that may occur. I further understand that this is a violation of Sears Pool Management policy.

I understand that I am allowed to teach swim lessons to the patrons of my pool, but I cannot teach lessons when I am scheduled and clocked-in to work for Sears Pool Management. I know that this is considered cheating the company and that I can be terminated for doing so.

I understand that if I have personal property at the pool that becomes lost or damaged it will not be replaced by SPMC. This includes, but is not limited to sunglasses, cell phones, iPods, money, purse, backpack, etc.

I understand that under no circumstances am I to sleep while on duty as a Sears Pool lifeguard. I understand that if I am caught sleeping, I will be subject to payroll deduction and possible suspension/termination.

I have been given a copy of the bonus structure and requirements for eligibility for end of season bonus.
SEARS POOL MANAGEMENT CONSULTANTS, INC.
EMPLOYEE AGREEMENT

The following agreement is made between Sears Pool Management Consultants, Inc. (SPMC) and the Employee. Please read carefully, initial each statement and sign at the bottom.

I, ____________________________, agree to work as a Full time, Part time, Substitute or Floater (Circle One) Employee of SPMC. I understand that my employment is SEASONAL (May through September) depending upon availability & need per SPMC. Because this is a SEASONAL position, I will not file for unemployment when the season ends.

I understand that SPMC is a Drug-Free workplace and that I am subject to Random Drug testing. If illegal substances are found in my possession OR I fail a drug test, I will be subject to immediate termination.

I agree to work under the terms described in my application packet and job description.

I am currently (or will be) certified in CPRO, First Aid and Lifeguard Training. I understand that I MUST provide proof of my Lifeguard Certification before I can be assigned a Lifeguard shift for SPMC.

*I am a Gate Attendant and not required to be certified in CPRO, First Aid and Lifeguard Training.

I agree to submit an availability calendar to SPMC, which will include ALL vacations, team events and other social/business obligations. I will report any changes to my calendar to the scheduling office as soon I know about them, but no later than the 15th day of the month prior. I understand that if my availability changes and I neglect to inform the scheduling office by this date, I am responsible for covering my shifts.

I agree to clock in/out for every shift I work. I understand that I will not be compensated for a shift if I fail to follow this procedure. I agree to arrive for my shifts 15-30 min early for opening duties and I will never leave my pool unattended (ex: if 2nd guard is 15 min late, I may not leave until they arrive).

I understand that because I am solely responsible for the pool patrons, I MUST cover my shifts even if I am ill. It is my responsibility to either work that shift or find a suitable replacement. I agree that when I find a substitute guard, I will call the scheduling office to inform them of the changes. I may be required to submit a written doctor's excuse to the Staffing & Marketing Manager upon my return.

I understand and agree that I may be asked to work unexpectedly in emergency situations at my pool and I will be available on any days that are indicated on my availability calendar.

I understand that failure to cover shifts that I have been assigned may result in reduction/non-payment of bonus and/or termination.

I understand that in order to be eligible for the season end bonus (up to $1/hr), I am required to work two of the following holidays: Memorial Day Weekend, 4th of July, and Labor Day Weekends, a minimum of 100 hours and complete the season according to my Availability Calendar.

I understand that I will not receive my bonus if I am terminated or if I choose to leave before the end of the season for an unacceptable reason. Should an unforeseeable event/reason occur, the Staffing Manager will evaluate the reason and render a decision regarding payment of bonus.

I grant permission to SPMC to take & use photographs, videos, audios or quoted remarks of me for use in promotional or educational materials which includes printed or electronic publications, websites or other electronic communications.
Employment at Will: Sears Pool Management Consultants, Inc. does not offer tenured or guaranteed employment. Either Sears Pool Management Consultants, Inc. or the employee can terminate the employment relationship at any time, with or without cause and with or without notice.

This at-will employment relationship exists regardless of any other written statements or policies within this agreement or any other company documents or any verbal statement to the contrary.

Entire Agreement: These agreements constitute the entire agreement between the parties, and any and all prior negotiations, agreements (oral or written), or understandings are hereby superseded, updated, and replaced by these agreements.

Choice of Law: These agreements shall be governed by and enforced in accordance with the laws of the State of Georgia, USA without regard to its conflicts of laws and VENUE (jurisdiction) of any dispute involving Sears Pool Management Consultants, Inc. and employees or former employees will be in a court in Fulton County in the state of Georgia.

No Modification of Agreement: The employee expressly acknowledges and agrees that these terms and conditions may not be modified, varied, or changed except by written amendment attached hereto executed by an officer of Sears Pool Management Consultants, Inc. The employee further expressly acknowledges that acceptance of any modifications, variations, or changes to the terms or conditions is required for continued employment with Sears Pool Management Consultants, Inc.

SPMC Employee Signature   Date  SPMC Management Representative  Date

* Guardian Signature    Date                  * Guardian Signature is required for employees under 18 years of age.
Form W-4 (2015)

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 2015 expires February 15, 2016. 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 cannot claim exemption from withholding if your income exceeds $1,500 and includes more than $300 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, or has or has had tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on claimed deductions, certain credits, adjustments to income, or two-earner/multiple job 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 dependents, or other qualifying individuals. See Pub. 505, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take pretax credit for income in the following situations:

1. You are entitled to the earned income credit.
2. You are entitled to the credit for child and dependent care expenses.
3. You are entitled to the credit for other expenses (see instructions).

You may claim these credits using the Personal Allowances Worksheet. See Pub. 505, instructions on converting your other credits into withholding allowances.

Pursuant to law, if you are self-employed, see Pub. 505, Tax Withholding and Estimated Tax, to determine your tax liability and the amount to withhold.

Nonwage income. If you receive 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 other 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 1350, 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 much you are having withheld compared to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $130,000 (single) or $160,000 (married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation expected after November 7) 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.

B Enter “1” if:

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse’s wages (or the total of both) are $1,600 or less.

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.

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

E Enter “1” if you will file as head of household on your tax return (see instructions under “Head of household”).

F Enter “1” if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit.

(Note. Do not include child support payments. See Pub. 505, 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 $65,000 ($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 $65,000 and $124,000 ($100,000 and $150,000 if married), enter “1” for each eligible child.

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.)

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 each work and the combined earnings from all jobs exceed $20,000 ($25,000 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.

Employee’s Withholding Allowance Certificate

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.

1 Your first name and middle initial

2 Your social security number

3 Single □ Married □ Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, select “Single” box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-722-1215 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.

- 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, if you meet both conditions, write “Exempt” here.

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.

Employee’s signature

(If this form is not valid unless you sign it.)

Date

9 Office code (optional)

10 Employer identification number (EIN)

Office of the Treasury

Internal Revenue Service

OMB No. 1545-0074

W-4

2015

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10229Q

Form W-4 (2015)
STATE OF GEORGIA EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME
1b. YOUR SOCIAL SECURITY NUMBER

2a. HOME ADDRESS (Number, Street, or Rural Route)
2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8

3. MARITAL STATUS
   (If you do not wish to claim an allowance, enter “0” in the brackets beside your marital status.)
   A. Single: Enter 0 or 1.........................................................[ ]
   B. Married Filing Joint, both spouses working:
      Enter 0 or 1 .....................................................................[ ]
   C. Married Filing Joint, one spouse working:
      Enter 0 or 1 or 2 .............................................................[ ]
   D. Married Filing Separate:
      Enter 0 or 1 .....................................................................[ ]
   E. Head of Household:
      Enter 0 or 1 .....................................................................[ ]

4. DEPENDENT ALLOWANCES [ ]

5. ADDITIONAL ALLOWANCES [ ]
   (worksheet below must be completed)

6. ADDITIONAL WITHHOLDING $ ____________

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES
(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
   Yourself: [ ] Age 65 or over [ ] Blind
   Spouse: [ ] Age 65 or over [ ] Blind
   Number of boxes checked _____ x $1300.___________ $ ______

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
   A. Federal Estimated Itemized Deductions................................................................. $ ______
   B. Georgia Standard Deduction (enter one): Single/Head of Household $2,300
      Each Spouse $1,500 $ ______
   C. Subtract Line B from Line A. ........................................................................... $ ______
   D. Allowable Deductions to Federal Adjusted Gross Income
      ......................................................................................................................... $ ______
   E. Add the Amounts on Lines 1, 2C, and 2D.......................................................... $ ______
   F. Estimate of Taxable Income not Subject to Withholding
      ......................................................................................................................... $ ______
   G. Subtract Line F from Line E (if zero or less, stop here). ................................. $ ______
   H. Divide the Amount on Line G by $3,000. Enter total here and on Line 5 above. $ ______
   (This is the maximum number of additional allowances you can claim. If the remainder is over $1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E)  __________________________
   TOTAL ALLOWANCES (Total of Lines 3 - 5) __________________________

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 Instructions on page 2 before completing this section.
   a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to
      have a Georgia income tax liability this year. Check here [ ]
   b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers
      Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is
      .................................................. My spouse’s (servicemember) state of residence is ................................. The states of residence
      must be the same to be exempt. Check here [ ]

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status
claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee’s Signature __________________________ Date __________________________

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.
If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER’S NAME AND ADDRESS: ___________________________________________
    EMPLOYER’S FEIN: ________________________________________________________

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.
Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (See instructions)
- [ ] A lawful permanent resident (Alien Registration Number/USCIS Number): ____________________________
- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ________________. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ____________________________

OR

2. Form I-94 Admission Number: ____________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: ____________________________

Country of Issuance: ____________________________

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: ____________________________ Date (mm/dd/yyyy): ____________

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: ____________________________ Date (mm/dd/yyyy): ____________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

STOP Employer Completes Next Page
### Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representatives must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A or examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer’s Business or Organization Name</td>
</tr>
</tbody>
</table>

Employer’s Business or Organization Address (Street Number and Name) | City or Town | State | Zip Code

### Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

A. New Name (If applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (If applicable) (mm/dd/yyyy)

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date (if any) (mm/dd/yyyy): |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |

Form I-9 03/08/13 N  Page 8 of 9
## Lists of Acceptable Documents

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1.</td>
<td>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2.</td>
<td>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td>2.</td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td></td>
<td>4.</td>
<td>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td></td>
<td>6.</td>
<td>Military dependent's ID card</td>
<td></td>
<td>5.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td>6.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td></td>
<td>(1) The same name as the passport; and</td>
<td></td>
<td>8.</td>
<td>Native American tribal document</td>
<td></td>
<td>7.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</td>
<td></td>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
<td></td>
<td>8.</td>
<td>Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>6.</td>
<td>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td></td>
<td>10.</td>
<td>School record or report card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12.</td>
<td>Day-care or nursery school record</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Direct Deposit Request

Sears Pool Management Consultants, Inc.
1180 Hightower Trail
Atlanta, GA 30350
P: 770-993-7492  F: 770-993-7491

Print Full Name: ___________________________  Employee SSN: ___________________________

I wish to have my employer, Sears Pool Management Consultants, Inc., deposit my net pay amount each payday directly into my account as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

A blank voided check (for checking account deposits) or an account verification from my bank (for checking or savings account deposits) MUST BE ATTACHED in order for your direct deposit to be entered.

Employee Signature ___________________________  Date ___________________________

Please note that, due to timing differences, newer or changed direct deposits may receive one check after this form has been submitted. Please do not close your account without giving SPMC two week’s prior notice.

IMPORTANT! PLEASE READ!

Your first paycheck will be a manual check—it will not be deposited directly into your account. You MUST come pick your check up at our office. Each additional check will be direct deposit.

SPMC will no longer print direct deposit vouchers. You will need to register with ADP to access your payroll account to view your paystubs. To register, go to www.portal.adp.com and complete the registration process. The registration pass code needed is searspm-adpnet.

If you have any questions regarding your registration with ADP, please contact us.

FOR OFFICE USE ONLY

Transit Number  Account Number

Entered by: ___________________________  Date: ___________________________