

VOLTA COMMERCIAL INVESTMENTS, LP

Employment Application

for Latshmere Swim Club, LLC

437 Larry Drive, Harrisburg, PA 17109

APPLICANT INFORMATION

| | | | | | | | | | | | |
|-------------------------------------------|------------------------------|-----------------------------|------------------------------------------------|------------------------------|-----------------------------|--|------------------|------|------|--|--|
| Last Name | | | | First | | | | M.I. | Date | | |
| Street Address | | | | | | | Apartment/Unit # | | | | |
| City | | | | State | | | | ZIP | | | |
| Phone | | | | E-mail Address | | | | | | | |
| Date Available | | | | Social Security No. | | | | | | | |
| Position Applied for | | | | | | | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | | | |

EDUCATION

| | | | | | | | | | | | |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|--|--|
| High School | | | | Address | | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| College | | | | Address | | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |
| Other | | | | Address | | | | | | | |
| From | | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | |

REFERENCES

Please list three professional references.

| | | | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |

PREVIOUS EMPLOYMENT

| | | | |
|-----------|----|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | | Starting Salary \$ | Ending Salary \$ |
| From | To | Reason for Leaving | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | | Starting Salary \$ | Ending Salary \$ |
| From | To | Reason for Leaving | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | | Starting Salary \$ | Ending Salary \$ |
| From | To | Reason for Leaving | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

PHYSICAL RECORD

| | | | |
|----------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|---------------|
| Do you have any physical deficiencies that preclude you from performing any work for which you are being considered? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Give Details: |
| Have you ever been injured? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Give Details: |
| Do you have any problems with Hearing? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Give Details: |
| Do you have any problems with Vision? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Give Details: |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

This form has been designed to comply with Federal Fair Employment Practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directed or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriate noted on the application.

This Employment Application shall be kept on file for only 30 days from the date filled out by the applicant. After that date this application shall be shredded and disposed of.