

PACIFIC POOLS APPLICATION FOR EMPLOYMENT

Applicant: Provide all information requested by printing in ink or typing.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth (mm/dd/yyyy):		Social Security Number:	
Person to contact if we can not reach you:		Phone:	

POSITION

Position Desired (service technician, pool cleaner, office/admin, helper)	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to work overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No Able to work Saturdays: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to carry 50 lbs of equipment 50 yards up to 20 times per day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you allergic to common pool chemicals (chlorine, sodium carbonate, cyanuric acid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a good driving record (one or no citations in the past two years)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate below the number and nature of citations in the past 2 years:	
Salary Desired (\$/hour)	Dates Available (from mm/dd/yy to mm/dd/yy)

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills you have that pertain to the position you are applying for)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES (list at least two personal and two work references)

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:
