POOL MANAGEMENT COMPANY

Application for Employment

Personal Information

Name (First and last name)			Referred by (Name)	Date
Street Address	City	State	Zip Code	
Cell #	Are 18 or older? Yes / No	If you are not 18+ please specify your date of birth: _____/_____/_____		
Email	Are you legally authorized to work in the USA? yes / no		Emergency contact (Name, #)	

Desired Employment

Position desired	Desired pay rate	Start date
Are you currently employed? yes / no	If so, may we inquire of your present employer? yes / no	
Have you ever applied to our company before? yes / no		When?
How many hours are you able to work per week?		
What is your availability? (Please note start and end time per day) Mon Tues Wed Thurs Fri Sat Sun		
Do you have your own form of transportation? yes / no		
Do you require any accommodations to perform essential job functions? yes/no If so, please explain:		
Are you capable of testing pool chemicals and making necessary adjustments? yes/no		

Education

School level	Name of school	# of years attended	Graduation year
High School			
College			
Trade/Business School			

employment@nyspoolsli.com

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Certifications

Type	Provider	Dates
Lifeguard yes / no		Issue date
CPR yes / no		Issue date
CPO yes/ no		Issue date

Work experience

Name of previous employer				
Address		City	State	Zip
Start date	End date	Job title		
Starting hourly rate		Final pay rate		Title
Name of supervisor		Title	Phone #	
Description of work				
Reason for leaving				

Name of previous employer				
Address		City	State	Zip
Start date	End date	Job title		
Starting hourly rate		Final pay rate		Title
Name of supervisor		Title	Phone #	
Description of work				
Reason for leaving				

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References

Name	Relation	Phone number

Misc

Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)? yes / no
If yes, please explain:

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State Laws."

_____

Signature (must be freehand signature, cannot be a typed)