



Employment Application

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

DATE

PERSONAL INFORMATION

NAME				
	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS				
	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS				
	STREET	CITY	STATE	ZIP
PHONE NO.		EMAIL ADDRESS		
ARE YOU 18 YEARS OR OLDER?				<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE INQUIRE WITH YOUR CURRENT EMPLOYER	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU HEAR OF THIS OPENING		
HAVE YOU EVER APPLIED TO ARVIDSON POOLS & SPAS BEFORE		WHEN
WERE YOU REFERRED BY SOMEONE (INCLUDE THEIR FULL FIRST AND LAST NAME)		

EDUCATION INFORMATION

	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.)
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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EMPLOYMENT HISTORY (LIST YOUR LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT AT THE TOP)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE THE BEST AND WHY?

WHICH OF THESE JOBS DID YOU LIKE THE LEAST AND WHY?

PLEASE DESCRIBE A PROJECT THAT YOU WERE RESPONSIBLE FOR AND WORKED WITH LITTLE OR NO SUPERVISION.

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE	RELATIONSHIP

AVAILABILITY

WHAT HOURS ARE YOU AVAILABLE TO WORK?

ARE YOU WILLING TO WORK OVERTIME OCCASIONALLY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT IS THE MAXIMUM NUMBER OF HOURS YOU HAVE WORKED IN A DAY?
DO YOU HAVE DEPENDABLE TRANSPORTATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU BE WILLING TO TAKE A DRUG TEST AS A PRECONDITION OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

WHAT MAKES WORK FUN FOR YOU?

WHY IS CUSTOMER SERVICE IMPORTANT?

WHAT MOTIVATES YOU TO DO A GOOD JOB?

"I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HERIN AND THE REFERENCES LISTED ABOVE TO GIVE ARVIDSON POOLS & SPAS ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY."

SIGNATURE OF APPLICANT DATE