



# Employment Application

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

<b>DATE</b>

**PERSONAL INFORMATION**

<b>NAME</b>				
	<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>	<small>SOCIAL SECURITY NUMBER</small>
<b>PRESENT ADDRESS</b>				
	<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
<b>PERMANENT ADDRESS</b>				
	<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
<b>PHONE NO.</b>	<b>EMAIL ADDRESS</b>			
<b>ARE YOU 18 YEARS OR OLDER?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>HAVE YOU BEEN CONVICTED OF A FELONY AT ANY TIME IN THE PAST 10 YEARS?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO

**EMPLOYMENT DESIRED**

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

**EDUCATION INFORMATION**

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

**GENERAL INFORMATION**

**SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK**

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**SPECIAL SKILLS**

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**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.

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<b>U.S. MILITARY OR NAVAL SERVICE</b>	<b>RANK</b>	<b>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</b>
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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		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