



# EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**PERSONAL:** (PLEASE PRINT) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name		First Name		Middle Name	
Address		Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		Drivers License Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
Proof of citizenship or immigration status will be required upon employment

Have you been convicted of a felony within the last 7 years?  Yes  No  
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT DESIRED:

Are you seeking :  Full Time  Part time  Temporary or summer employment?

Position applied for \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_ Date Available to start \_\_\_\_\_

Have you ever applied to our company before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

## CAPABILITY/ RELIABILITY:

Would you be able to perform all of the tasks required by the job you are applying for?  Yes  No

If not, explain which tasks \_\_\_\_\_

Have you filed any type of fraudulent claim against any of your present or past employers?  Yes  No

If so, explain \_\_\_\_\_

How many days of work have you missed in the last two years? \_\_\_\_\_

How many days have you been late to work in the past two years? \_\_\_\_\_

Would you be able to report to work on time every day on a regular and consistent basis?  Yes  No

If no, please explain \_\_\_\_\_

**REFERENCE**

Give name, address and telephone number of three references that are not related to you and are not previous employers.

1.

2.

3.

**EDUCATION**

	Elementary School					High School				Undergraduate College / University				Graduate Professional			
School Name & Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship and skills.																	

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
<b>Telephone Number(s)</b>		<b>Hourly Rate / Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			<b>Reason for Leaving</b>
<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
Address				
<b>Telephone Number(s)</b>		<b>Hourly Rate / Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			<b>Reason for Leaving</b>

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving

**EMERGENCY CONTACTS**

Name	Relationship	Phone #	Work #
Address			
Name	Relationship	Phone #	Work #
Address			

**AFFIDAVIT**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason at all, with or without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMPANY USE ONLY**

Interviewed by: \_\_\_\_\_

Interviewers remarks: \_\_\_\_\_

\_\_\_\_\_

**Pool and Electrical Products, Inc.**  
**Applicant Equal Opportunity Survey**

PEP is an equal opportunity employer and is subject to the federal government's rules and regulations requiring the company to assure and promote equal opportunity for all persons and not discriminate or harass any applicant for employment because of race, color, creed, religion, national origin, gender, disability, age, marital status, or status with regard to public assistance, as well as, requiring the company to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and handicapped individuals. The United States government requires the company to collect data on race, gender, ethnic classification, handicapped, veterans, and Vietnam era veterans for the Equal Opportunity Survey.

Your response is *voluntary* and your cooperation will be appreciated. This data is for periodic government reporting and will be kept in a confidential file separate from the employment application.

**Please Print**

Date \_\_\_\_\_

Name \_\_\_\_\_  
(*Voluntary*) Last First Middle

Position applied for: \_\_\_\_\_ Check One:  Male  Female

Referral Source:  Advertisement  Friend  Relative  Walk In  
 Employment Agency  Other \_\_\_\_\_

Race / Ethnic Group:  Caucasian  African American  Hispanic  
 American Indian / Alaskan Native  Asian / Pacific Islander  
 Other \_\_\_\_\_

Check if any are accurate:  Military Veteran  Disabled Veteran  
 Handicapped Individual

If handicapped or disabled, please indicate any special accommodations to enable you to perform the job properly and safely.

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Signature: \_\_\_\_\_