



APPLICATION FOR EMPLOYMENT

We appreciate your interest in working at Premier Pool Management, Inc (PPM). As an Equal Opportunity Employer, our employment practices are in accordance with the laws that prohibit discrimination due to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

Please answer all questions that apply. All information will be treated confidentially. Your application will remain active for 3 months. If the applicant is not hired during that period, the applicant must complete a new application to be considered for employment.

(PLEASE PRINT)

Date of Application: _____ Date Available: _____

Position Applied for: _____ Salary/Wage desired: _____

Are you available to work: Full Time _____ Part Time _____ Other (explain): _____

How were you referred to PPM? _____

Have you ever been employed by PPM? _____ If yes, date of employment: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Street Address: _____

City, State, Zip: _____

Phone #: (____) _____ Other Phone #: (____) _____ SSN: _____

Email Address: _____

Do you have the right to accept employment in the U.S.? _____ Yes _____ No

EDUCATION & TRAINING

SCHOOL	NAME & ADDRESS (City, State)	DID YOU GRADUATE?	DEGREE AND MAJOR
HIGH SCHOOL		Yes ___ Year ___ No ___	
COLLEGE <small>(Accredited College/University)</small>		Yes ___ Year ___ No ___	
GRADUATE STUDY		Yes ___ Year ___ No ___	
TECHNICAL OR PROFESSIONAL		Yes ___ Year ___ No ___	

CERTIFICATIONS

Indicate the date (month & year) when the certifications **expire** in the blanks below.

Lifeguard Training: _____ CPR: _____ Pool Operator: _____
(County)

Lifeguard Instructor: _____ WSI: _____

EMPLOYMENT HISTORY

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list at least two (2) full and part-time jobs, summer or volunteer work. Include periods of self-employment and unemployment. Please attach separate sheet if necessary.

Employed (Month and Year)	From:	To:
Name of Employer:		
Address and Phone Number:		
Supervisor's Name and Title:		
Job Title:		
Earnings (Hourly Rate/Salary)	Beginning:	Ending:
Reason for Leaving:		
May we contact your present employer?		
Description of Responsibilities:		
Employed (Month and Year)	From:	To:
Name of Employer:		
Address and Phone Number:		
Supervisor's Name and Title:		
Job Title:		
Earnings (Hourly Rate/Salary)	Beginning:	Ending:
Reason for Leaving:		
Description of Responsibilities:		

REFERENCES (PROFESSIONAL COLLEAGUES ONLY)

Name _____ Employer/Title _____ Phone # _____
Name _____ Employer/Title _____ Phone # _____
Name _____ Employer/Title _____ Phone # _____

MISCELLANEOUS

Have you ever been convicted of a felony or misdemeanor under Federal or State law? Yes____ No____

Are you able to perform the essential functions of the job(s) for which you are applying with or without accommodation?
Please describe all accommodations you require:

Briefly describe what you can do for and what you expect from PPM. Also, please include any additional information relevant to your employment with PPM that has not been covered in this application.

FINAL STATEMENT/EMPLOYMENT AT WILL

I hereby certify that this application was completed by me and the all entries on it and information in it are true and complete to the best of my knowledge. I understand that false or misleading information given in this application and/or my interview(s) will void this application or subject me to discharge at any time, if I am employed.

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 any liability from any damage that may result from utilization of such information.

I expressly acknowledge and understand that in the absence of a written contract to the contrary, my status, if I am hired, will be that of an employee "at will", having no contractual right, express or implied, to remain the company's employee. I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the company or myself.

I understand that no unauthorized representative may enter into any agreement for employment or make any agreement contrary to the foregoing, unless it is in writing and it is signed by an authorized company representative.

Applicant's signature _____ Date _____

(Application will remain valid for 90 days from the date of applicant's signature.)