



Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such. We appreciate your interest in our firm.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact a company representative. This application for employment will be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should reapply by completing another employment application.

BIOGRAPHICAL DATA	Name (First, Middle, Last)	Social Security Number
	Address	Phone Number
	City	State Zip
	Position Applied For	Rate of Pay Desired / Expected
	Are you Available For <i>(check all that apply)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> 3rd Shift	Date(s) Available For Work
	How were you referred to Imperial Pools? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> NYS Dept of Labor <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Other _____	
	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever filed an application or interviewed for employment with Imperial Pools? If yes, give month and year <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you ever been employed by Imperial Pools before? If yes, give dates <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not provided		

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed <small>(do not give dates)</small>	Course of Study	Diploma or Degree Obtained	

U.S. MILITARY HISTORY			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

SKILLS	Typing Speed: _____ WPM	Data Entry: _____ # Numeric Keystrokes/Hour _____ # Alpha Keystrokes/Hour
	Computer Skills:	
	List any additional skills, technical or professional knowledge that you feel would support your application:	List certificates, licenses or professional achievements that would support your qualifications for employment:

EMPLOYMENT HISTORY Provide employment information for the last 10 years, starting with the most recent employer first. If you have had more than four employers and need more space, provides this information on another sheet and attach to this Application.

Present or Last Employer

If current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Current or Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

Next Previous Employer

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Current or Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

Next Previous Employer

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	Current or Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
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Address	City / State / Zip
Employment Dates (Month/Year)	Current or Ending Pay Rate
Title of Position	Name and Title of Supervisor
Description of duties, responsibilities and significant accomplishments	
Reason for leaving	

REFERENCES (Other than relatives or former supervisors; list three)

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the company of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you ever been convicted of and/or plead guilty to a felony or misdemeanor in the past seven years? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the company.** Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, the seriousness of the offense, and any other job-related reasons. The nature of the violation and all other appropriate circumstances will be considered. The company reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

CONVICTION RECORD STATUS

I certify that this employment application was completed by me, and that all statements given herein are true and complete to the best of my knowledge. I understand that misrepresentation or omission of any material fact may be cause for rejection of my application, or if already hired, termination of my employment.

I authorize Imperial Pools, Inc. or any of its related companies (the "Company") to verify all of the information I have provided on this application or furnished elsewhere, and to obtain any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release the company, and its employees from all liability for any damage that may result from reliance on the information furnished.

Applicants for Positions to Drive a Commercial Motor Vehicle ONLY: After a conditional offer of employment, I understand that a pre-employment medical examination must be passed to the company's satisfaction before starting work. In accordance with U.S. Department of Transportation (DOT) regulations, I understand, authorize and consent that, as a condition of employment, a drug test will be conducted prior to my starting work. I understand that employment offers are contingent upon obtaining a "negative" result from the drug test. I recognize that refusal to complete the drug test will preclude further consideration for employment and will nullify the Company's employment offer.

I understand that if employed I am required to abide by all policies, rules and regulations of the company. I also understand and agree that, if hired, my employment with the company is "at-will" and is for no definite period, and may be terminated by the company at any time, for any reason, with or without cause or notice. At the same time, I understand that employees may terminate their employment at any time for any reason.

Date _____ Signature of Applicant _____