

# Employment Application



professional pool & spa

325 W 23rd Street · Sioux City, IA 51104 · www.propoolsspas.com · (P)712-258-1909 · (F)712-258-1963

Programs, services, and employment are equally available to everyone. Please let us know if you require reasonable accommodation for the application or interview.

Date of Review (Month/Day/Year)

/ /

## APPLICANT DATA:

How were you referred to us:

Position Applied for:

Full Name:

Address:

City:

State:

Zip:

Phone: ( )

Mobile/Pager/Other:

Email:

Date Available to Start:

Salary Requirement:

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal

Driver's license number if applicable to position:

State:

If you are under 18 and we require a work permit, can you furnish one? ☐ Yes ☐ No

If no, please explain:

Have you ever worked for this company? ☐ Yes ☐ No If yes, when?

Are you a citizen of the United States? ☐ Yes ☐ No

If not, are you legally allowed to work in the United States? ☐ Yes ☐ No

## EDUCATION HISTORY: (Please list name and city of school, years attended, graduation and subjects studied where applicable)

High School:

College:

Trade, Business  
or Correspondence:

## SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

Employment Application continued on back.

Have you ever pleaded "guilty", "no contest", or been convicted of a crime? ☐ Yes ☐ No

If yes, give dates and details:

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

### PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? ☐ Yes ☐ No

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? ☐ Yes ☐ No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_