



# ULTRA MODERN POOL & PATIO

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, or the presence of non-job-related medical condition or handicap. All applicants will be required to take a pre-employment testing (non-polygraph) for in-store use.

Position(s) applied for: \_\_\_\_\_ Date Applying: \_\_\_\_\_

Salary Expected: \_\_\_\_\_ Date Available to Work: \_\_\_\_\_

Name: \_\_\_\_\_

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

Days or time blocks unavailable for work in next 6 months: \_\_\_\_\_

Days and hours available. Complete if applying for a retail position.	Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From								
To								

Phone (H): \_\_\_\_\_ Work: \_\_\_\_\_ Social Security #: \_\_\_\_\_

By whom were you referred? \_\_\_\_\_

Have you filed an application here before?  YES  NO If so, date applied: \_\_\_\_\_

Have you ever been employed here before?  YES  NO e-mail: \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the U.S.?  YES  NO

Are you available to work:  Full time – year-round  Part time – year round  
 Full time – Summertime only  Full time Summer and part time Winter

Are you 18 years of age?  YES  NO

Are you on lay-off and subject to recall?  YES  NO

Can you travel if your job requires it?  YES  NO

If the position you are applying for requires driving a vehicle, do you have a valid driver's license?  YES  NO

If yes, what type? \_\_\_\_\_

If you are related to anyone in our employment, state his/her name and department: \_\_\_\_\_

How are you related? \_\_\_\_\_

If related, whether by current or previous marriage or blood, this must be disclosed on application and approved by owners/GM before hiring.

### EDUCATION

School	Print name, Number & Street, City, State and Zip for each School Listing	# of Yrs. Completed	Did you graduate	Degree or Major	Class Rank /Grade Avg.
High School			YES NO		
College			YES NO		
Graduate School			YES NO		
Trade, Business, Night or Other			YES NO		



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Describe any experience you have had with pools, spas, furniture, grills, or billiards:

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

### EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. (You may exclude all information indicative of race, age, sex, religion, color, national origin, or disability.) **This part must be filled out! Attaching resume does not replace**

Previous Employer: _____	Employment Dates from: _____ to _____
Address: _____	Starting Salary: _____ Final Salary: _____
Phone: _____	Supervisor's Name/Title: _____
Reason for Leaving: _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Position & Description of Work Performed: _____	If no, please explain: _____

Previous Employer: _____	Employment Dates from: _____ to _____
Address: _____	Starting Salary: _____ Final Salary: _____
Phone: _____	Supervisor's Name/Title: _____
Reason for Leaving: _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Position & Description of Work Performed: _____	If no, please explain: _____

Previous Employer: _____	Employment Dates from: _____ to _____
Address: _____	Starting Salary: _____ Final Salary: _____
Phone: _____	Supervisor's Name/Title: _____
Reason for Leaving: _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Position & Description of Work Performed: _____	If no, please explain: _____

Previous Employer: _____	Employment Dates from: _____ to _____
Address: _____	Starting Salary: _____ Final Salary: _____
Phone: _____	Supervisor's Name/Title: _____
Reason for Leaving: _____	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Position & Description of Work Performed: _____	If no, please explain: _____

May we telephone you at  home  work to follow up on this application?  YES  NO  
If yes, what is the best time to call? \_\_\_\_\_



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Have you ever been dismissed from a previous employer?  YES  NO If yes, please explain. If you need additional space, please continue on the back of this page. \_\_\_\_\_

Have you ever been convicted of a crime?  YES  NO (A conviction will not necessarily be a bar to employment, in that factors, such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.) If yes, please explain:  
\_\_\_\_\_

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. Please omit those, which indicate your race, color, religion, sex, disability, national origin, age or martial or veteran status.  
\_\_\_\_\_

**BUSINESS REFERENCES:** (no relatives) Please indicate if you were employed under a different name.

NAME	ADDRESS	DAYTIME PHONE	TITLE	YEARS KNOWN
1.				
2.				
3.				

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and give my consent to contact any references.

In the event of employment, I understand that false or misleading information in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company. By this authorization, I also agree to submit to an employment test prior to employment. In the event of employment, I understand that my employment is terminable at will at any time for any reason.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by one of the owners of this organization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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### APPLICANT SUBSTANCE TESTING PROGRAM POLICY

I understand that the Company is committed to providing a productive and safe work environment for all employees. To further this goal, the Company has established a substance testing program. The program applies to, in appropriate instances, in accordance with applicable law, applicants who have received a conditional offer of employment and Company employees.

Consistent with this program, I freely and voluntarily consent to provide blood, breath and/or urine samples upon request by an authorized representative of the Company to determine whether drugs or other chemical intoxicants (including alcohol in appropriate cases) are present in my system. I agree to fully cooperate with the Company, its representatives, agents, medical review officer (if any) and any representative or agent of a clinic, laboratory and/or hospital involved in the sample collection, testing, evaluation, reporting, and confirmation process.

I further consent to and authorize the release of all information generated by or obtained from my participation in the substance testing program to the Company, its agents, representatives, insurers, and appropriate governmental agencies such as the state unemployment or workers' compensation commissions.

To the extent allowed by applicable law, I release and hold harmless, individually, and collectively, each person or business entity involved in the sample request, collection, testing, evaluation, reporting and for any decisions, adverse or otherwise, made concerning my application for employment, continued employment or benefits eligibility based on the test results.

I understand that my failure or refusal to comply in all respects to the terms contained herein or a positive test result at the level established by the Company may be grounds to reject my application or rescind a conditional offer of employment or, if employed, disciplinary action up to and including termination.

I understand and agree that if hired, employment is for no definite period, and I may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I have signed the authorization for Employment Background Authorization – FIN-ADM-HUR-416A. It is attached.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# AUTHORIZATION FOR EMPLOYMENT BACKGROUND CHECK

## CONSENT TO RELEASE BACKGROUND INFORMATION:

I hereby give my consent to Ultra Modern Pool & Patio, Inc., to obtain/investigate all information contained in my application for employment and any other information that may be necessary in arriving at an employment decision.

Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SS#: \_\_\_\_\_