

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	Other _____

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
<b>ADDRESS: NUMBER &amp; STREET</b>	<b>CITY/STATE</b>	<b>ZIP CODE</b>
<b>TELEPHONE NUMBER(S)</b>	<b>SOCIAL SECURITY NUMBER</b>	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM - PM (circle one)

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

Have you ever filed an application with us before?  
If Yes, give date \_\_\_\_\_  Yes  No

Have you ever been employed by us before?  
If Yes, state name, relationship and location \_\_\_\_\_  Yes  No

Do any of your friends or relatives, other than spouse work here?  
If Yes, state name, relationship and location \_\_\_\_\_  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

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

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (Please circle 1 2 3 shift)  
 Part Time (Please circle Mornings Afternoon Evenings)  
 Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Are you currently on "Lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
High School	_____			
Undergraduate College	_____			
Graduate/ Professional	_____			
Other (Specify)	_____			

## WORK 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, disabilities or other protected status.

Employer	Dates	Employed	Work Performed
Address	From	To	
Telephone Number(s)	___/___/___	___/___/___	
Starting/Present Job Title	Starting Hourly	Final Hourly	
Supervisor	\$ _____	\$ _____	
Reason for leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates	Employed	Work Performed
Address	From	To	
Telephone Number(s)	___/___/___	___/___/___	
Starting/Present Job Title	Starting Hourly	Final Hourly	
Supervisor	\$ _____	\$ _____	
Reason for leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates	Employed	Work Performed
Address	From	To	
Telephone Number(s)	___/___/___	___/___/___	
Starting/Present Job Title	Starting Hourly	Final Hourly	
Supervisor	\$ _____	\$ _____	
Reason for leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience (Cont.)

Employer	Dates	Employed	Work Performed
Address	From	To	
Telephone Number(s)	___/___/___	___/___/___	
Starting/Present Job Title	Starting Hourly	Final Hourly	
Supervisor	\$ _____	\$ _____	
Reason for leaving			May We Contact? Yes No

**Comments: Include explanation of any gaps in employment.**

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**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States military.**

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**List professional, trade, business or civic activities and offices held.**

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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**ADDITIONAL INFORMATION**

**Other Qualifications** Summarize special job-related skills and qualifications acquired from employment or other protected status:

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**SPECIALIZED SKILLS (Check Skills/Equipment Operated)**

___ Terminal	___ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM _____	WPM _____		

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. \_\_\_\_\_ YES \_\_\_\_\_ NO

**PERSONAL/PROFESSIONAL REFERENCES** Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____	_____
Signature of Applicant	Date

**Contact Information:**

Pool Tech Midwest, Inc.  
Attn: Miranda Spence  
3233 First Avenue SE  
Cedar Rapids, IA 52402

Phone: 319-365-8609  
Fax: 319-365-8568