



9156 Elk Grove-Florin Rd. Phone 916-686-7665
 Elk Grove Ca, 95624 Fax 916-686-4787

Employment Application

Personal Information

Last		First		MI		Email	
Street Address			City			Home Phone	Mobile
State	Zip	Are you entitled to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			Are you 18 or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Military Service? YES <input type="checkbox"/> NO <input type="checkbox"/>		Branch		Are you a veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>		War YES <input type="checkbox"/> NO <input type="checkbox"/>	
What position are you applying for?			How did you hear about this position? Walk In <input type="checkbox"/> AD <input type="checkbox"/> Referral <input type="checkbox"/> Other: _____				
Have you worked for this company previously? YES <input type="checkbox"/> NO <input type="checkbox"/>		Desired Position:		Hourly Rate/Salary Desired		Date Available to Start	
Currently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can you work any shift? YES <input type="checkbox"/> NO <input type="checkbox"/>		Can you work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/>		Can you work weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>	Clean DMV Record? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, please describe:				
Days and times available to work?	Mon <input type="checkbox"/> Am <input type="checkbox"/> PM <input type="checkbox"/>	Tue <input type="checkbox"/> Am <input type="checkbox"/> PM <input type="checkbox"/>	Wed <input type="checkbox"/> Am <input type="checkbox"/> PM <input type="checkbox"/>	Thurs <input type="checkbox"/> Am <input type="checkbox"/> PM <input type="checkbox"/>	Fri <input type="checkbox"/> Am <input type="checkbox"/> PM <input type="checkbox"/>	Sat <input type="checkbox"/> Am <input type="checkbox"/> PM <input type="checkbox"/>	Sun <input type="checkbox"/> Am <input type="checkbox"/> PM <input type="checkbox"/>
Computer Skills High <input type="checkbox"/> Med <input type="checkbox"/> Low <input type="checkbox"/>			Can type proficiently? Yes <input type="checkbox"/> No <input type="checkbox"/> WPM: _____				

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	Start Date	End Date	Start Date	End Date	Start Date	End Date
Position/Job Title						
Duties						
Reason for Leaving						
May We Contact	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Education

	Name/Location	Years Completed	Degree	Major
High School				
College/University				
List any applicable special skills, training or proficiencies.				

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records. All Clear Pool and Spa is an equal opportunity employer and follows all Federal and State Guidelines	Signature	Date
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