

Company: LMR Pool And Spa LLC

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE; COLOR; RELIGION; GENDER (INCLUDING PREGNANCY); NATIONAL ORIGIN; AGE (40 OR OLDER); GENETIC INFORMATION; MARITAL, PARENTAL, OR VETERAN STATUS; SEXUAL ORIENTATION; POLITICAL AFFILIATION; THE PRESENCE OF A NON-JOB RELATED HANDICAP; OR ANY OTHER LEGALLY PROTECTED STATUS.

Today's Date:				
Position Applied For (Check Box)Office	<u>Se</u>	ervice Tech	<u>nician</u>	
How did you learn about this position:				
Name:				
Address:Ci			State:	Zip:
Home Phone:	Cell F	Phone:		
Email	Soci	ial Security	Number:	
Do you have a Valid Driver's License in the s				
On what date would you be available for wo	rk?			
Desired Wage/Salary \$				
<u>Availabilit</u> y:				
Mon Tues Wed Thurs_	Fri	Sat	Sun	
Are you a U.S. citizen, or are you other restrictions? [] YES [] NO	rwise auth	orized to w	vork in the	U.S. without any
Have you ever been convicted of a felony? [] YES	[]NO		
If yes, please describe circumstances:				

•	ver been invo []Yes[]No	luntarily terminated o	r ask	ed to	resign fr	om any po	sition of
. •	describe circum						
If colocted for	omployment a	re you willing to submi	it to a	pro or	nnlovmont	drug seroon	ing toet?
[]Yes[]N		re you willing to subini	it to a	pre-er	пріоупієті	drug screen	ing test:
		rs of age?					
•	·						
Do you consid	der yourself prof	icient in swimming in w	ater o	f at lea	st 8ft. of d	epth?	
Company: LM	IR Pool And Spa	a LLC					
		Educatio	n				
High School:		Address:					
			YES	NO			
From:	To:	Did you graduate?			Diploma:_		
College:		Address:					
	To	Did you are due to?	YES	NO	Dogradi		
	To:		Ш		Degree		
Other:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:_		
		Reference	es				
Please list three	e professional ref	erences.					
Full Name:					Rela	tionship:	
Company:						Phone:	
Address:							
Full Name:					Rela	tionship:	
Company:						Phone:	
Address:							
Full Name:					Rela	tionship:	
Company:						Phone:	

Address:			
Previous Emp	loyment		
Company:		Phone:	
Address:		Supervisor:	
Job Title: Starting S	Salary:\$	Ending Salary:\$	
Responsibilities:			
From: To:	Reason for Leaving:		
May we contact your previous supervisor for a reference?	YES NO		
Company:		Phone:	
Address:		Supervisor:	
Job Title: Starting S	Starting Salary:		
Responsibilities:			
From: To:	Reason for Leaving:		
May we contact your previous supervisor for a reference?	YES NO		
Company:		Phone:	
Address:		Supervisor:	
Job Title: Starting S	Starting Salary:		
Responsibilities:			
From: To:	Reason for Leaving:		
May we contact your previous supervisor for a reference?	YES NO □		
Military Se	rvice		
Branch:	From:	To:	
Rank at Discharge:	Type of Discharge:		
If other than honorable, explain:			

Disclaimer and Signature

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.

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 should 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 the 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.

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