



EMPLOYMENT APPLICATION

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS. FAILURE TO COMPLETELY ANSWER ALL QUESTIONS MAY RESULT IN DISQUALIFICATION FROM EMPLOYMENT.)
POSITION APPLYING FOR _____ DATE _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to provide such proof within the required time shall result in immediate employment termination.

I. PERSONAL INFORMATION

Name: Last First Middle Social Security Number

Street Address City State/Zip Telephone Number

1. Are you at least 18 years old? Yes ___ No ___ If not, please state you age for child labor law purposes only. ___
2. Is there any information we would need about your name or the use of another name to be able to check your work record? Yes ___ No ___ If yes, please specify:
3. How did you hear about us/this opening? _____
4. List any friends or relatives who are presently (or have formerly been) employed by Atlas Pools of Central Florida and/or BM Wemple Pools: _____
5. Have you ever been convicted of any crime? Yes ___ No ___ (A conviction does not necessarily disqualify you.) If yes, please provide details of the crime, the date of conviction, and the penalty imposed.
6. Have you ever applied to, or worked for Atlas Pools of Central Florida/ BM Wemple Pools before? Yes ___ No ___ If yes, provide dates: _____

Atlas Pools of Central Florida/ BM Wemple Pools is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions. The Company also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs. Atlas Pools of Central Florida/ BM Wemple Pools is a Drug-Free Workplace.

II. EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

III. EMPLOYMENT HISTORY: (A RESUME DOES NOT TAKE PLACE OF EMPLOYMENT HISTORY, PLEASE COMPLETE SECTION)

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below. Use a separate sheet to list additional employers, if necessary.

1.Name of Company:		Name of Supervisor:	
Street Address		City	State Zip Telephone
Position and duties:			
Dates of employment:		Wage/Salary:	
Reason for leaving:			
2.Name of Company:		Name of Supervisor:	
Street Address		City	State Zip Telephone
Position and duties:			
Dates of employment:		Wage/Salary:	
Reason for leaving:			
3.Name of Company:		Name of Supervisor:	
Street Address		City	State Zip Telephone
Position and duties:			
Dates of employment:		Wage/Salary:	
Reason for leaving:			

1. Please explain any gaps in employment history: _____

2. Have you ever been discharged or asked to resign? Yes ___ No ___ If yes, please explain:

3. Did you receive any discipline in the last twelve months of active employment? Yes ___ No ___
If yes, please explain:

4. Were you given a performance evaluation in the last 12 months of employment? Yes ___ No ___ If yes,
what was the range of scores and what was your score? _____

5. Have you signed any non-compete agreement with any other employer that would restrict you from
working with this company? Yes ___ No ___ If so, please explain: _____

IV. SALARY REQUIREMENTS AND WORK AVAILABILITY

1. Hourly rate of pay or monthly salary desired: \$ _____ per _____

2. Are there any days, shifts or hours you are unavailable to work? Yes ___ No ___ If yes, please explain:

3. Are you able to work overtime if required? Yes ___ No ___

4. When will you be able to start work? _____

Please read and initial each paragraph below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ I hereby authorize Atlas Pools of Central Florida/ BM Wemple Pools to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Atlas Pools of Central Florida/ BM Wemple Pools, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

____ If hired, I agree to submit to random alcohol or drug testing as a condition of employment. I agree that Atlas Pools of Central Florida/ BM Wemple Pools may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason.

I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

____ I understand that nothing contained in this application or conveyed to me during any interview which may be granted is intended to create an employment contract implied or explicit, between me and Atlas Pools of Central Florida/ BM Wemple Pools. In addition, I understand and agree that if I am employed, my employment relationship with Atlas Pools of Central Florida/ BM Wemple Pools is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Atlas Pools of Central Florida/ BM Wemple Pools, and that no promises or representations contrary to the foregoing are binding on Atlas Pools of Central Florida/ BM Wemple Pools unless made in writing and signed jointly by the President/CEO and myself.

____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Atlas Pools of Central Florida/ BM Wemple Pools benefits, policies and procedures will not alter our at-will and arbitration agreements.

____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Florida driver's license. I also understand that any offer of employment is contingent on my ability to be covered by Atlas Pools of Central Florida/ BM Wemple Pools' auto insurance, if required for my position.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Full Name

Date