

Application for Employment

Please Print

Liverpool Pool & Spa
3424 Route 31
Baldwinsville, NY 13027

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Date of Application: _____

Name: _____ Social Security Number: _____

Address: _____

Telephone #: _____ Mobile/Other: _____

E-mail Address: _____

Position(s) applying for: _____

Referral Source (Please check the appropriate category and name of source)

- | | |
|---|---|
| <input type="checkbox"/> Walk-in: _____ | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> Employee: _____ | <input type="checkbox"/> Job Fair: _____ |
| <input type="checkbox"/> Advertisement: _____ | <input type="checkbox"/> Staffing Agent: _____ |
| <input type="checkbox"/> Company's Website: _____ | <input type="checkbox"/> Government _____ |
| <input type="checkbox"/> Other Internet: _____ | <input type="checkbox"/> Employment Agency: _____ |
| | <input type="checkbox"/> Other: _____ |

If necessary, best time to call you at home is: _____ AM PM

May we contact you at work?..... Yes No

If **yes**, work number and best time to call:

() : AM PM

If you are under 18 and it is required, can you furnish a work permit?..... Yes No

If **no**, please explain: _____

Have you submitted an application here before? Yes No

If **yes**, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If **yes**, give dates From: / / To: / /

Are you legally eligible for employment in this country?..... Yes No

Date available for work..... / /

Will you work overtime if required? Yes No

If **no**, please explain: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes

No

Need more information about the job's "essential functions" to respond.

Driver's license number required if driving may be required in the job for which you are applying:

State: _____

What is your desired salary range or hourly rate of pay?
 \$ _____ Per _____

Type of employment desired: Full-Time Part-time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it?..... Yes No

Will you travel if job requires it?..... Yes No

If they have explained it to you, are you able to meet the attendance requirements of the position?.....
 N/A
 Yes
 No

Have you ever been bonded? Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.... Yes No

If yes, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Month Year	Month Year
Street address		City State	
Starting job title/final job title		Dates employed: / / to / /	
Immediate supervisor and title (for most recent position held)		May we contact reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		Commission/Bonus/Other \$	
Summarize the type of work performed and job responsibilities.		Compensation (Starting)	
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
What were the things you liked least about your position?		Commission/Bonus/Other \$	
		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		Commission/Bonus/Other \$	

Employer	Telephone # ()	Month Year	Month Year
Street address		City State	
Starting job title/final job title		Dates employed: / / to / /	
Immediate supervisor and title (for most recent position held)		May we contact reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why did you leave?		Commission/Bonus/Other \$	
Summarize the type of work performed and job responsibilities.		Compensation (Starting)	
What did you like most about your position?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
What were the things you liked least about your position?		Commission/Bonus/Other \$	
		Compensation (Final)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per	
		Commission/Bonus/Other \$	

Employer	Telephone # ()	Month Year Month Year Dates employed: / to /
Street address	City	State
Compensation (Starting)		
<input type="checkbox"/> Hourly		
<input type="checkbox"/> Salary \$ per		
Commission/Bonus/Other \$		
Immediate supervisor and title (for most recent position held)	May we contact reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Compensation (Final)
<input type="checkbox"/> Hourly		
<input type="checkbox"/> Salary \$ per		
Commission/Bonus/Other \$		
Why did you leave? _____		
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about your position? _____		

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Why did you leave? _____		
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about your position? _____		

Employment History(continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain. _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years	<input type="checkbox"/> Internet	_____	Years
<input type="checkbox"/> Spreadsheet	_____	Years	<input type="checkbox"/> Other	_____	Years
<input type="checkbox"/> Presentation	_____	Years	<input type="checkbox"/> Other	_____	Years
<input type="checkbox"/> E-mail	_____	Years	<input type="checkbox"/> Other	_____	Years

Educational Background

Starting with the most recent school attended, provide the following information:

School, University, or Other Institution	Dates of Attendance	Did you graduate?	Degree Earned/ Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.

If not applicable, list three school or personal references who are *not* related to you.

Name	Company	Position/Occupation	Phone

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status. _____

List any special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status. _____

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers? Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At that conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employers president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be a sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whether it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

Date:

_____/_____/_____