## JOB APPLICATION

## Pacific Pool Covers, Inc. PO Box 5592, San Jose, California 95150 800.231.00733

Pacific Pool Covers, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for:		
How did you hear about this position?		
What days are you available for work?		
What hours or shift are you available for work?		
If needed, are you available to work overtime?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Salary desired:		
Personal Information		
Have you ever applied to or worked for Pacific Pool Covers, Inc. before?	Yes	No
If yes, when?		
Do you have any friends relatives or acqueintaness working for Desific Deal Covers. Inc.	Yes	No
Do you have any friends, relatives, or acquaintances working for Pacific Pool Covers, Inc.  If yes, state name & relationship:		
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Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		
Do you have any condition which would require job accommodations?	 Yes	No
If yes, please describe accommodations required below.		
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Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:		

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the

nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying: (Note: Pacific Pool Covers, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. ) **Education and Training High School** Name Location (City, State) Year Graduated Degree Earned College/University Year Graduated Name Location (City, State) Degree Earned **Vocational School/Specialized Training** Name Location (City, State) Year Graduated Degree Earned Military: Are you a member of the Armed Services? What branch of the military did you enlist? What was your military rank when discharged? How many years did you serve in the military? What military skills do you possess that would be an asset for this position? **Previous Employment Employer Name:** Job Title: Supervisor Name: **Employer Address:** City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: **Employer Name:** Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: **Employer Name:** 

Job Title:

Supervisor Name:

Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:				
References Please provide 3 personal and professional reference(s) below:				
Reference		Contact Information		
AT-WILL EMPLOYMENT  The relationship between you and the Pacific Pool Covers, Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Pacific Pool Covers, Inc No representative of Pacific Pool Covers, Inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.				
Applicant Signature:		Dated:		