



EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PERSONAL: (PLEASE PRINT) Date ____/____/____

Last Name		First Name		Middle Name	
Address		Street	City	State	Zip Code
Telephone Number(s)		Social Security Number		Email Address	

If hired, can you provide proof of your legal right to work in the United States? Yes No

Have you entered into any written agreement, Confidentiality Agreement or Non-Compete Agreement with another employer within the last 3 years in which you agreed not to seek or accept employment within the pool industry? Yes No

If yes, will you supply a copy to the Human Resources Department? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

EMPLOYMENT DESIRED:

Are you seeking: Full Time Part Time Desired Location: _____

Position applied for _____ Salary Desired \$ _____ Date Available to start _____

Have you ever applied to our company before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Are you currently employed? Yes No

CAPABILITY/ RELIABILITY:

Would you be able to perform all of the tasks required by the job you are applying for? Yes No

If not, explain which tasks _____

Would you be able to report to work on time every day on a regular and consistent basis? Yes No

If no, please explain _____

REFERENCE

Give name, address, and telephone number of three references that are not related to you and are not previous employers.

1.

2.

3.

EDUCATION

	Elementary School					High School				Undergraduate College / University				Graduate Professional			
School Name & Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship and skills.																	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed	
		From	To		
Address					
Telephone Number(s)		Hourly Rate / Salary			
		Starting	Final		
Job Title	Supervisor			Reason for Leaving	
Employer		Dates Employed		Work Performed	
		From	To		
Address					
Telephone Number(s)		Hourly Rate / Salary			
		Starting	Final		
Job Title	Supervisor			Reason for Leaving	

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate / Salary		
		Starting	Final	
Job Title	Supervisor			Reason for Leaving

EMERGENCY CONTACTS

Name	Relationship	Phone #	Work #
Address			
Name	Relationship	Phone #	Work #
Address			

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason at all, with or without prior notice.

Signature _____ Date ____/____/____

COMPANY USE ONLY

Interviewed by: _____

Interviewers remarks: _____

**AUTHORIZATION FOR RELEASE OF INFORMATION ON EMPLOYEE DRUG TEST
EMPLOYEE CONSENT AND RELEASE FROM LIABILITY**

I hereby authorize, **Florida Water Products, LLC.** or any other drug testing laboratory, designated by FWP, to request samples of my urine or breathe for the purpose of determining the presence of illegal or legal narcotics in my body. I expressly understand and agree that Florida Water Products, LLC. will review the results of these tests in connection with making a decision concerning my application for employment and/or decision concerning my continuing employment at **Florida Water Products, LLC.** I hereby further consent to the release of the drug test result from the Laboratory, its officers, employees, agents and representatives, from any and all liabilities arising from the authorized release or use of the information contained in my test result for employment purposes. I understand that **Florida Water Products, LLC.** shall not use or further disclose any information released pursuant to this authorization unless further expressly authorized by me or unless such disclosure is required by law. This authorization shall become effective immediately and remain in effect as long as **Florida Water Products, LLC.** employs me. I understand that I have a right to receive a copy of this authorization upon request.

I understand that **Florida Water Products, LLC.** has a policy against the possession, use, sale or transfer of illegal drugs by its employees. I further understand that **Florida Water Products, LLC.** is committed to a drug and alcohol-free workplace and that employee drug testing is one method of implementing that policy. I further acknowledge that I have previously received and reviewed a copy of the Drug Testing Policy. I understand that employee testing is a condition of continued employment.

I release and discharge **Florida Water Products, LLC.** its officers and agents, from any claim or liability arising from the use of such tests for any decisions concerning employment made **Florida Water Products, LLC.** based, in whole or in part, upon the results of such test. Should the test results be confirmed by GC/MS to be positive, and no acceptable explanation is provided, I will be subject to disciplinary action, which may include immediate termination.

Employee Signature

Print Name

Date

ONLY APPLICANTS WHO ARE APPLYING FOR
A DRIVER POSITION ARE REQUIRED TO FILL
OUT THE FOLLOWING PAGE.

Please attach Current Driver License Picture or Scan

**IF YOU ARE DONE PLEASE SAVE THIS PDF AND EMAIL TO:
svilla@fwppool.com**



TEXAS DMV
AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, TEXAS DRIVER LICENSE NUMBER _____ with Date of Birth _____, Hereby authorize the Texas Department of Safety to disclose or otherwise make available, my driving record, to my employer, Florida Water Products, LLC.

I understand that my employer will pull my driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment. I understand that my driver license report will determine eligibility as a licensed driver for my employment.

City	County	State
Date	Signature of Employee X	

I, _____, of Florida Water Products, LLC.

Do hereby certify that I am an authorized representative of this company, that the information entered on this document is true and correct; to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position with Florida Water Products, LLC. The information received will not be used for any unlawful purpose.

City	County	State
Date	Signature and Title of Authorized Representative X	

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS IN EMPLOYEE PERSONNEL FILES.