



# 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
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Telephone Number(s)</b>		<b>Hourly Rate / Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Job Title</b>	<b>Supervisor</b>			<b>Reason for Leaving</b>

  

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

### 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.

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Employee Signature

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Print Name

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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**

# REQUEST FOR MVR

This form shall be used by persons making requests for a driving record (**MVR** -Motor Vehicle Record) under Utah Code Ann. § 53-3-104 or a commercial motor vehicle driver record (**CDL - MVR**) under Utah Code Ann. § 53-3-420. The form shall be completed by any requester who required written consent of the person to whom the information pertains. An MVR shall be released by the division only to qualifying requesters pursuant to 'permissible uses' articulated in the federal Driver Privacy Protection Act (**DPPA**) and a CDL-MVR shall be released by the division only to qualifying requesters pursuant the definitions listed in § 384.225 of the Federal Motor Carrier Safety Administration (**FMCSA**).

## PERSON REQUESTING THE MVR

Please type or print all information.

Name of Requester \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Name of Company (if applicable) \_\_\_\_\_ Date of Request \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City/State ZIP

**Certification Statement:** I certify under penalty of law that I am entitled to personal information from the requested driver record. I am aware that there are criminal and civil penalties for knowingly obtaining, disclosing, or using the personal information for a purpose not permitted under DPPA (18 U.S.C. §§ 2721-2724).

\_\_\_\_\_  
(Signature of person requesting driving record)

Fee of \$8.00 enclosed.

## PERSON TO WHOM THE MVR PERTAINS

The requester listed above requests access to driver record(s), including personal information as defined in 18 U.S.C. §§ 2721-2724, concerning the following person:

Name \_\_\_\_\_  
Last (First) (Middle) (Date of Birth)

Driver License Number \_\_\_\_\_ Address (if available) \_\_\_\_\_

## DRIVER PRIVACY PROTECTION ACT PERMISSIBLE USES

- 9a For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49.
- 9b Motor Carrier or Prospective Motor Carrier - After notification to a driver, all information on that driver's, or prospective driver's CDL MVR. **(Person to whom the CDL MVR pertains must complete the approval below.)**
- 13 For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains. **(Person to whom the MVR pertains must complete the approval below.)**
- 14 For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

## APPROVAL OF THE PERSON TO WHOM THE MVR OR CDL-MVR PERTAINS

I am the individual to whom the MVR or CDL-MVR pertains and I grant permission for the above requester to receive a copy of my Utah driver license record (MVR)  \_\_\_\_ (initials) or full commercial driver record (CDL-MVR)  \_\_\_\_ (initials) from the Utah Driver License Division.

\_\_\_\_\_  
Driver's Signature

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

In the county of \_\_\_\_\_, State of \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary expires: \_\_\_\_\_

Notary Public Seal or Stamp

### **DLD USE ONLY**

Date received

DLD employee

DLD60b

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