



Staff Member Application

Thank you for your interest in Horizon Commercial Pool Supply. Please fill out and return this portion of the application packet.

Instructions: Please answer every item on this form to the best of your ability. Horizon Commercial Pool Supply carefully reviews all of your qualifications. Horizon Commercial Pool Supply is an Equal Opportunity Employer. Horizon Commercial Pool Supply does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Today's Date: _____ Position Seeking: _____

Are you seeking: Full-Time? Part-Time? Temporary or Summer Employment?

Are you willing to work overtime? Yes No Date on which you can start work if hired: _____

If hired, would you have transportation to/from work? Yes No

Please tell us the days and time you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	_____	_____	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____	_____	_____

How did you hear about Horizon Commercial Pool Supply? Website Indeed Craigslist Rehire Referral Other: _____

TELL US ABOUT YOURSELF

Name: _____ SSN: _____
 First MI Last

Current Address:

Street Address

City _____ State _____ Zip Code _____

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____

Are you 18 or Older? Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

If hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

(Note: Horizon Commercial Pool Supply complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

TELL US ABOUT YOUR EDUCATIONAL BACKGROUND

Are you currently enrolled in school? { } Yes { } No If yes, where? _____

School Attended School Name City, State # of Years Degree Earned?

High School: _____ { } Yes { } No

College: _____ { } Yes { } No

Other School: _____ { } Yes { } No

TELL US ABOUT YOUR WORK HISTORY

Are you currently employed? { } Yes { } No

If you are currently employed, may we contact your current employer? { } Yes { } No

Below, please describe past and present employment positions, dating back ten years. Please account for all periods of unemployment. If this would be your first job, please let us know. Even if you have attached a resume, this section must be completed.

Employer: _____ Starting Pay: _____ per { } Hour { } Week { } Year

Dates Employed: _____ Ending Pay: _____ per { } Hour { } Week { } Year

Address: _____ Supervisor Name: _____

Job Title: _____ Reason for leaving: _____

May we contact this employer? { } Yes { } No Telephone Number: _____

Employer: _____ Starting Pay: _____ per { } Hour { } Week { } Year

Dates Employed: _____ Ending Pay: _____ per { } Hour { } Week { } Year

Address: _____ Supervisor Name: _____

Job Title: _____ Reason for leaving: _____

May we contact this employer? { } Yes { } No Telephone Number: _____

Employer: _____ Starting Pay: _____ per { } Hour { } Week { } Year

Dates Employed: _____ Ending Pay: _____ per { } Hour { } Week { } Year

Address: _____ Supervisor Name: _____

Job Title: _____ Reason for leaving: _____

May we contact this employer? { } Yes { } No Telephone Number: _____

If there has been a gap in employment of more than 6 months, please provide details below.

TELL US ABOUT YOUR DRIVING RECORD

Do you have a valid driver's license? { } Yes { } No

Driver's license number and state of issuance: _____

TELL US ABOUT YOUR REFERENCES

Please use only references who have knowledge of your work performance.

*If you have never had a job, please list teachers, guidance counselors, coaches, etc. that have knowledge of your abilities.

First and Last Name: _____ City & State: _____

Phone Number: _____ Relationship: _____ Number of Years Known: _____

First and Last Name: _____ City & State: _____

Phone Number: _____ Relationship: _____ Number of Years Known: _____

First and Last Name: _____ City & State: _____

Phone Number: _____ Relationship: _____ Number of Years Known: _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, I understand that falsified statements on this application are grounds for dismissal. I understand that if I become employed, this will become part of my permanent personnel record.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice by Horizon Commercial Pool Supply.

I authorize Horizon Commercial Pool Supply to obtain personal information contained in my Motor Vehicle Report. I also authorize Horizon Commercial Pool Supply to obtain my criminal history record, if any. I understand that my personal information may be used for the purpose of evaluating my job application/employment. The information may be procured by an authorized representative of Horizon Commercial Pool Supply, including employees of Horizon Commercial Pool Supply insurance provider, and may include, for example, my photograph, name, address, telephone number, social security number, driver identification number, medical or disability information and driving record. By signing this disclosure, I hereby authorize Horizon Commercial Pool Supply to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability, employability, and for other permissible purposes.

Signature: _____ Date: _____

Drivers License Number: _____ State of Issuance: _____

Date of Birth: _____

Social Sec. Number: _____

AUTHORIZATION TO TEST AND
RELEASE OF MEDICAL INFORMATION

Name of Patient: _____ Date(s) of Service: _____

Date of Birth: _____ Social Security Number: _____

I, the undersigned, authorize a pre-employment drug screening test and authorize the release of, or request access to, the information specified below from the medical record(s) of the above-named patient.

PATIENT INFORMATION IS NEEDED FOR EMPLOYMENT APPLICATION

INFORMATION TO BE RELEASED OR ACCESSED:

Lab/Pathology Reports

Pre-employment drug test results

The above information may be released to:

Horizon Commercial Pool Supply
4444 Round Lake Road West
Arden Hills, MN 55112
www.horizonpoolsupply.com

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected. I understand that the specified information to be released may include, but is not limited to: History, diagnoses, and/or treatment of drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

I understand that treatment or payment cannot be conditioned on my signing this authorization, except in certain circumstances such as for participation in research programs, or authorization of the release of testing results for preemployment purposes. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance upon the authorization. I understand I may be charged a retrieval/processing fee and for copies of my medical records according to Texas Hospital Licensing law.

This authorization will expire One Hundred Eighty (180) days from the date of my signature unless I revoke the authorization prior to that time or unless otherwise specified by date, event, or condition.

A copy of this authorization shall have the same force and effect as the original.

Date: _____

Signature: _____

Patient or Legally Authorized Representative

Printed Name of Patient or Legally Authorized Representative

Relationship to Patient



AUTHORIZATION TO OBTAIN INFORMATION

Horizon Chemical LLC - dba Horizon Commercial Pool Supply; Go Get Fred; Northern Pool Restoration

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers’ compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant’s / Employee’s Full Name (Print clearly)

Applicant’s / Employee’s Signature

_____/_____/_____
Date of Signature

Permission to Perform Background Check
Horizon Chemical LLC dba Horizon Pool Supply,
Go Get Fred, Northern Pool Restoration

I hereby authorize Horizon Chemical LLC to perform a check of my background, including:

Criminal Record (Sheriff, Court Records, Circuit Clerk, etc.)

Driving Record

Personal References

Past Employment/Volunteer Status

Education/Professional Status

And any other persons or sources as appropriate for this position for which I have expressed an interest. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration.

I understand that information collected during this background check will be limited to determining my suitability for certain positions and that all such information collected during the check will be confidential.

I hereby extend my permission to those individuals or organizations contacted, for the purpose of this background check, to give full and honest evaluation of my suitability of the described position and such other information, as deemed appropriate.

Name: _____
(First) (Middle Initial) (Last)

DOB: _____ Social Security #: _____

Driver's License #: _____ State: _____

Applicant Signature: _____ Date: _____