



# Staff Member Application

Thank you for your interest in Horizon Commercial Pools. 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 Pools ("Horizon") carefully reviews all applicants for employment qualifications. Horizon is an Equal Opportunity Employer and 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 Seasonal Employment

WORK SCHEDULE AVAILABILITY:

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

How did you hear about us? \_\_\_\_\_

TELL US ABOUT YOURSELF

Name: \_\_\_\_\_  
First MI Last

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

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

If no, describe the functions that cannot be performed: \_\_\_\_\_

(\*Horizon complies with the Americans with Disabilities Act 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.)



## PROFESSIONAL REFERENCES

List 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 Pools.

I authorize Horizon Commercial Pools to obtain personal information contained in my Motor Vehicle Report. I also authorize Horizon Commercial Pools 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 Pools, including employees of Horizon Commercial Pools 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 Pools 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: \_\_\_\_\_

Background Check Authorization

Horizon Commercial Pool Supply(the “Company”) may request from a consumer reporting agency and for employment- related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The types of background information that may be obtained include, but are not limited to: criminal history; motor vehicle record and accident history; social security number verification; address and alias history; verification of your education,; professional licensing, and credential and certification checks.

Authorization

I hereby authorize the Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional MN State Law Notices:

You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

Select here if you would like to receive a free copy of your background report.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

\*Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.