



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