APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

DATE							
Name	Last	First	Middle				
Present address	Number	Street	City	State	Zip		
low long at present	address		Social security No				
Telephone			Email Address				
f under 18, please li	st age						
osition applied for ((1)						
and salary desired (When available for w							
TYPE OF SCH		E OF SCHOOL	LOCATION	N	IUMBER OF YEAF	RS MAJOR &	
			(Complete mailir address)		COMPLETED	DEGREE	
High School							
College							
Bus. or Trade Sch	ool				- second and a second		×.+
Professional Scho	ol		6 		i dana		-
		1					
IAVE YOU EVER	BEEN CONVI	CTED OF A CRIM	E? No Yes				
f yoo oveloin numb	or of conviction	(a) nature of offen	and in a con	viction(a) has	w recently such offe	nse(s) waslwere committe	~d
entence(s) imposed							çu,
	Reet i i				- 201120		
						<u></u>	

APPLICATION FOR EMPLOYMENT

HAVE YOU EVER BEEN IN THE ARMED FORCES?YESNo
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? yesNo

Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-emplQyed, give firm name. Attach additional sheets if necessary.

Name of employer	Name of last	Employment dates	Payor salary				
Address	supervisor						
City, State, Zip Code Phone number		From	Start				
		То	Final				
	Your last job title						
Reason for leaving (be specific)							
List the jobs you held, duties performed, skills used or	r learned, advancements or prom	otions while you work	ed at this company.				

Name of employer	Name of last	Employment dates	Payor salary
Address	supervisor		
City, State, Zip Code Phone number		From	Start
		То	Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, ad	dvancements or promo	otions while you worke	ed at this company
	W		

APPLICATION FOR EMPLOYMENT

Work experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer	Name of last	Employment dates	Payor salary
Address	supervisor	-	
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
Name of employer	Name of last	Employment dates	Payor salary
Address	supervisor		_
City, State, Zip Code Phone number		From	Start

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

То

Your last job title

Final

May we o	contact your	present	employer?	yes	no
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Did you complete this application yourself? _____ yes _____ no

If not, who did?

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?	yesno		
What is your means of transportation to work?			
Driver's license number	State of issue	Expiration date	
Have you had any accidents during the past three Have you had any moving violations during the <u>p</u> art	•	How many? _ How many?	

SCRIBNER POOL APPLICATION ADDITIONAL INFORMATION

QUALIFICATIONS/CERTIFICATIONS

Current Lifeguard/First Aid Certification	yes Expires when? no When?
Current CPR Certification	yes Expires when? no When?
Water Safety Aide	yes no

Possible Summer Employment/Activities other Than Pool

Name		. Name			
Position		Position			
Company	Company				
Address		Address			
Telephone		Telephone			
	Office O	nly			
Typing <u>yes</u> WPM <u></u>	10-key	yes Word	Processing	yes no	WPM
PersonalYes PC		Other			
Computer No Mac		Skills			

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by ________(hereinafter call "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _________, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and _______ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of policy. I further understand that continued employment may be based on the successful passing of policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant.

DATE

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.