

# East Long Beach Pool and Spa, Inc.

3044 Woodruff Ave. Long Beach, Ca. 90808 (562) 420-6583

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

### Personal Information

Name \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Apt# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Are you 18 years or Older? Yes No (circle one)

### Desired Employment

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? Yes No If so, may we contact you present employer? Yes No  
(circle one) (circle one)

### Education

School Level	Name and Location of School	No. of years attended	did you graduate?
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High School	_____	_____	_____
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College	_____	_____	_____
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Trade School	_____	_____	_____
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### General

Subjects of special study \_\_\_\_\_

Special Training \_\_\_\_\_

Special Skills \_\_\_\_\_

### Former Employers

Name of Last Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of Work

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

Name of Previous Employer \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of Work  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving  
 \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Description of Work  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving  
 \_\_\_\_\_

**References**

Name	Address & Phone #	Business Name	Years Acquainted

**Availability**

Are there any hours, or days you cannot or will not work? Yes No If Yes, when:
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Please indicate the times you are available for work each day.

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

**Service Record**

Branch of Service \_\_\_\_\_ Discharge Date/Rank \_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? \_\_\_\_\_

If Yes, Explain. \_\_\_\_\_

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**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, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference 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 for utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing a signed by an authorized company representative.”

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

**FOR INTERVIEWER’S ONLY**

INTERVIEWED BY	DATE
COMMENTS	