



APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, or other protected classifications. Please carefully read & answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application.

EMPLOYER: Mirage Pools & Spas

POSITION APPLYING FOR: _____

PERSONAL DATA			
First Name:	Middle Name:	Last Name:	
Address:	City:	Zip Code:	
Cell Phone:	Social Security Number:		
Email Address:			
Date You Can Start Work:	Do You have a High School Diploma or GED	Yes <input type="radio"/>	No <input type="radio"/>

POSITION INFORMATION			
Are you authorized to work in the U.S. on an unrestricted basis?			Yes <input type="radio"/> No <input type="radio"/>
Have you ever been convicted of a felony (does not necessarily disqualify for employment)			Yes <input type="radio"/> No <input type="radio"/>
If yes, explain:			
Have you been told the essential functions of the job you are applying for?			Yes <input type="radio"/> No <input type="radio"/>
Can you perform these essential functions of the job with or without reasonable accommodation?			Yes <input type="radio"/> No <input type="radio"/>

QUALIFICATIONS: List any education/training you feel relates to the position you are applying for.			
School Name:	Degree:	City/State:	
School Name:	Degree:	City/State:	
Certification/Trainings			

REFERENCES Please list (3) references – not related to you – with name/address/phone and relationship. Professional references preferred, but if you don't have (3), list personal, unrelated references			
Name:	Address/City/State:		
Phone:	Relationship:		
Name:	Address/City/State:		
Phone:	Relationship:		
Name:	Address/City/State:		
Phone:	Relationship:		



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WORK HISTORY: Start with <i>present</i> or most recent employment		
Job Title/Role #1:	Start Date:	End Date:
Company Name:	Address/City/State	
Supervisor's Name:	Company/Supervisor's Phone:	
Duties:		
Reason for Leaving:		
May we contact your present employer?	Yes <input type="radio"/>	No <input type="radio"/> Not Currently Employed <input type="radio"/>
Job Title/Role #2:	Start Date:	End Date:
Company Name:	Address/City/State	
Supervisor's Name:	Company/Supervisor's Phone:	
Duties:		
Reason for Leaving:		
May we contact this employer?	Yes <input type="radio"/>	No <input type="radio"/>
Job Title/Role #3:	Start Date:	End Date:
Company Name:	Address/City/State	
Supervisor's Name:	Company/Supervisor's Phone:	
Duties:		
Reason for Leaving:		
May we contact this employer?	Yes <input type="radio"/>	No <input type="radio"/>

BACKGROUND CHECK CONSENT AND RELEASE WAIVER

I, (legal name) _____ authorize and give consent for the above-named organization to obtain information regarding myself either in writing or via telephone in connection with my application. This includes the following:

- Social Security Address/Alias Trace
- County Criminal Search - 7 Years (Includes all counties developed by the Social Security Trace within the past 7 years)
- USA Criminal Search and USA Offender
- Motor Vehicle

Any person, firm or organization providing information or records in accordance with this authorization is released from all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. By signing this document, I am providing the above-named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my employments.

Print Name: _____ Date: _____

Signature: _____