



5984 Route 96  
 Farmington, NY 14425  
 Ph. 585-742-3207  
 Fax 585-742-6377  
 www.KrossberPools.com

**Personal Information**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Name: Last: _____ First: _____ Middle: _____		
Current Address: Street: _____ City: _____ State: _____ Zip: _____		
Home Phone: _____	Cell Phone: _____	Best Time To Contact You: _____
Are You At least 18 Years of Age? Yes ____ No ____	Have You Ever Been Convicted of a Felony? Yes ____ No ____ If Yes, Please Explain: _____	

**Education/Training**

Type of School	Name of School	Location of School	Did You Graduate?	Major & Relevant Coursework
High School			Y or N	
College			Y or N	
Trade/Business			Y or N	

Special Training/Skills: \_\_\_\_\_

**Employment Desired / Availability**

When Can You Work? Please Fill In Chart							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>Start</b>							
<b>End</b>							
Number of Hours Desired: _____	Can You Work Holidays? _____	Are You Willing To Travel? _____			Employment Desired: Full Time ____ Part Time ____		
Position: _____	How Did You Hear About This Job? _____				Salary Desired: _____		
Do You Have A Valid Driver's License? Y or N Driver's License # _____				Have You Had Any Accidents or Traffic Violations Within The Past 24 Months? If Yes, Explain. _____			

**Employment History** Please List Current or Most Recent Employment First

Employer:		Address: <i>Street, City, State, Zip</i>	
Phone:	Dates: From ____/____/____ To ____/____/____	Salary Rate: Start \$ _____ End \$ _____	
Job Title:	Job Description:		
Supervisor:	Reason For Leaving:	May We Contact Employer?	
Employer:		Address: <i>Street, City, State, Zip</i>	
Phone:	Dates: From ____/____/____ To ____/____/____	Salary Rate: Start \$ _____ End \$ _____	
Job Title:	Job Description:		
Supervisor:	Reason For Leaving:	May We Contact Employer?	
Employer:		Address: <i>Street, City, State, Zip</i>	
Phone:	Dates: From ____/____/____ To ____/____/____	Salary Rate: Start \$ _____ End \$ _____	
Job Title:	Job Description:		
Supervisor:	Reason For Leaving:	May We Contact Employer?	

Describe Any Work Experience In Swimming Pool or Spa Service, Supplies, Retail, or Construction:

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**References** Do Not List Relatives or Family Members

Name	Company & Position	Phone	Years Known	How Do You Know This Person?

An application form may make 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.

***I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that falsification of this information or material omission is grounds for termination of my employment with Krossber Brothers Pool and Spa, Inc. I understand and agree to the following:***

1. I authorize the investigation of all matters concerning my consideration of employment. This investigation may include a criminal background search, and/or a Department of Motor Vehicles search. I waive any right to prior written notice and authorize my former employers, references, and acquaintances to give any such information they may have regarding me. I release Krossber Brothers Pool and Spa, Inc. and its affiliates from any liability whatsoever resulting from the investigation and release of information. If any information I have given to Krossber Brothers Pool and Spa, Inc. and its affiliates is untrue or if I have concealed any information, I understand this may result in the denial of employment or termination.
2. If I am offered employment for certain positions, I agree to undergo a drug test before starting work. If employed, I also agree to submit to a drug and alcohol test at any time deemed appropriate by Krossber Brothers Pool and Spa, Inc. and affiliates and as permitted by law. I consent to such testing and understand any information obtained will remain confidential.
3. In consideration of my employment, I agree to conform to Krossber Brothers Pool and Spa Inc. and its affiliates policies, rules and regulations, and agree to abide by the agreement regarding employment matters and all other documents signed by me in connection with my employment.
4. I understand and agree that my employment is at-will, and therefore, my employment and compensation can be terminated by me or Krossber Brothers Pool and Spa , Inc. and its affiliates, with or without cause, and with or without notice, at any time. This at-will employment status may not be modified by any oral or implied agreement.

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Signature of Applicant

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Date

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Print Name of Applicant