

Gohlke Pools carefully reviews all of your qualifications.
Gohlke Pools is an Equal Opportunity Employer.
No questions are asked for the purpose of excluding any applicant due to protected class status, or any other class of individuals protected by Law.



Application for Employment

Please Print

Position applied for: _____				Date of Application: _____				
Name _____		Social Security # _____ - _____ - _____		DOB _____				
Last		First		MI				
Address _____								
Street			City		State		Zip Code	
Best Phone # _____		E-Mail Address _____						
How did you hear about Gohlke Pools? <input type="checkbox"/> Walk-In <input type="checkbox"/> Newspaper <input type="checkbox"/> Rehire <input type="checkbox"/> Friend/Referral _____								
<input type="checkbox"/> Other _____								

Are you 16 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: We comply with State and Federal child regulations. Gohlke Pools does not hire anyone under the age of 16)</i>	Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary or Summer Employment	Are you able to meet the attendance requirements of the position? <input type="checkbox"/> Yes <input type="checkbox"/> No
When would you be available to start:	
What days and times are you available to work?	
Days: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ Hours: From _____ To _____ From _____ To _____ From _____ To _____ From _____ To _____ From _____ To _____ From _____ To _____	

Employment History			
<i>Please provide the following information for your past employers starting with the most recent. Please print.</i>			
From: _____ To: _____		Employer: _____ Phone: _____	
Starting Job Title: _____		Ending Job Title: _____	
Starting Salary: _____ Ending Salary: _____		Immediate Supervisor: _____	
Summary of Work Performed & Job Responsibilities: _____		May we Contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving: _____			
From: _____ To: _____		Employer: _____ Phone: _____	
Starting Job Title: _____		Ending Job Title: _____	
Starting Salary: _____ Ending Salary: _____		Immediate Supervisor: _____	
Summary of Work Performed & Job Responsibilities: _____		May we Contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving: _____			

From:	To:	Employer:	Phone:
Starting Job Title:		Ending Job Title:	
Starting Salary:	Ending Salary:	Immediate Supervisor:	
Summary of Work Performed & Job Responsibilities:		May we Contact for reference? () Yes () No	
Reason for Leaving:			

Educational Background

Name & Location	Number of Years Completed	Did You Graduate?	Course of Study
High School			
College			
Other			

References

Name	Telephone #	Number of Years Known

Do you have a valid Driver's License? () Yes () No
 Driver's License # _____ Issuing State _____
 How many traffic tickets have you had in the last 3 years? _____
 Have you ever had an at fault traffic accident? () Yes () No
 If yes, please explain _____

Have you ever been convicted of driving under the influence () Yes () No
 If yes, please explain _____

Have you ever plead "guilty" or "no contest" to or been convicted of a crime? () Yes () No
 If yes, please provide date & details: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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 the 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 authorize Gohlke Pools to obtain personal information contained in my Motor Vehicle Report. I also authorize Gohlke Pools 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 from Gohlke Pools, including employees of Gohlke Pools Insurance Provider, and may include, for example, my photograph, name, address, telephone number, social security number, driver identification number, medical or disability and driving record. By signing this disclosure, I hereby authorize Gohlke Pools to procure such reports and additional 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: _____

**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 ☒ Other: _____ Pre-employment drug test results.

The above information may be release:

***Gohlke Pools
909 Dallas Drive
Denton, TX 76205
www.gohlkepools.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 pre-employment 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