

Thank you for your interest in Gohlke Pools.
Please fill out and return this portion of the application packet.



STAFF MEMBER APPLICATION

Instructions: Please answer every item on this form to the best of your ability.
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.
Please print in blue or black ink.

Today's Date: _____

Position Seeking: _____

Are you seeking: Full-Time? Part-Time? Temporary or Summer Employment?

TELL US ABOUT YOURSELF

Name: _____
First MI Last

SSN: _____

Current Address _____
Street Address

Permanent Address _____
Street Address

City State Zip

City State Zip

Home Phone Number: () _____

Cell Phone Number: () _____

Email Address: _____

Are you 16 or Older? Yes No Are you legally authorized to work in the US? Yes No
(Note: We comply with State and Federal child labor regulations. Gohlke Pools does not hire anyone under the age of 16)

How would you rate your general state of health? Excellent Good Fair Poor

Do you smoke? Yes No

How did you hear about Gohlke Pools? Walk-In Newspaper Rehire Friend/Referral
 Other: _____

TELL US ABOUT YOUR EDUCATIONAL BACKGROUND

Are you currently enrolled in school? Yes No

If yes, where? _____

School Attended	School Name	City, State	# of Years	Degree Earned?
High School:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other School:	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

TELL US ABOUT YOUR JOB HISTORY – Begin with your most recent job. If this would be your first job, please let us know.

1. Employer _____	Starting Pay _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year
Dates Employed _____ to _____	Ending Pay _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year
Address _____	Supervisor Name _____
Job Title _____	Reason for leaving _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number () _____

2. Employer _____	Starting Pay _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year
Dates Employed _____ to _____	Ending Pay _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year
Address _____	Supervisor Name _____
Job Title _____	Reason for leaving _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number () _____

3. Employer _____	Starting Pay _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year
Dates Employed _____ to _____	Ending Pay _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year
Address _____	Supervisor Name _____
Job Title _____	Reason for leaving _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number () _____

TELL US ABOUT YOUR DRIVING RECORD

Do you have a valid driver's license? Yes No

Driver's license number and state of issuance: _____

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 been convicted of a felony? Yes No If yes, please explain: _____

TELL US WHEN YOU ARE AVAILABLE TO WORK

Please tell us the days & times you are available to work.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	_____	_____	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____	_____	_____

TELL US ABOUT YOUR REFERENCES

Please use only references who have knowledge of your work performance.

*If you have never had a job, please list teachers, guidance counselors, coaches, etc. that have knowledge of your abilities.

Please include First & Last Name, Address-City & State Only, Phone Number, Relationship, and Years Known.

1. Name _____	Address _____	
Phone Number _____	Relationship _____	Years Known _____
2. Name _____	Address _____	
Phone Number _____	Relationship _____	Years Known _____
3. Name _____	Address _____	
Phone Number _____	Relationship _____	Years Known _____

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, 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 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 of Gohlke Pools, including employees of Gohlke Pool insurance provider, and may include, for example, my photograph, name, address, telephone number, social security number, driver identification number, medical or disability information and driving record. By signing this disclosure, I hereby authorize Gohlke Pools to procure such 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 _____

Drivers License Number _____

State of Issuance _____

Date of Birth _____

Social Sec. Number _____

**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 released to:

***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