



# APPLICATION FOR EMPLOYMENT

## AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

MD Aquatics is an Equal Opportunity Employer and complies with all laws enforced by The Equal Employment Opportunity Commission (EEOC). The EEOC enforces the following federal laws: Title VII of the Civil Rights Act of 1964 (Title VII), the Age Discrimination in Employment Act (ADEA), the Equal Pay Act (EPA), and the Americans with Disabilities Act (ADA). These laws prohibit employment discrimination based on race, color, sex, religion, national origin, age, disability or in retaliation for opposing job discrimination, filing a charge or participating in proceedings under the laws. All qualified candidates will be considered for employment in accordance with these laws.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race / Ethnic Group (Voluntary) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other		How did you hear about us? <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> mdaqautics.com <input type="checkbox"/> Other	

## POSITION

Position Applying	Date Available
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by MD Aquatics? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	

## EDUCATION AND TRAINING

	Name and Location	Degree	Did you Graduate?	Year Graduated
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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## EMPLOYMENT HISTORY (Most recent)

Employer		
Address		
Job Title		
From/To (Month/Year)	Supervisor's Name	Telephone Number
Reason For Leaving		
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		
Address		
Job Title		
From/To (Month/Year)	Supervisor's Name	Telephone Number
Reason For Leaving		
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		
Address		
Job Title		
From/To (Month/Year)	Supervisor's Name	Telephone Number
Reason For Leaving		
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Reference

Name	Address	Telephone Number

## General Information

Have you been convicted of any criminal violations of the law? (Anything after your 18 <sup>th</sup> birthday)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(explain)
Do you have a valid driver's license	<input type="checkbox"/> Yes <input type="checkbox"/> No	What class is your license?
Do you have your own reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have your own tools for the position applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to purchase the tools required for that position on a time basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Skills Survey

<b>Concrete Forming</b>		<b>Reinforcing</b>		<b>Steel Erection</b>		<b>Roofing</b>	
Types of Forms		Tied Rebar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conventional	<input type="checkbox"/> Yes <input type="checkbox"/> No	Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applied form oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	Used Yoyo	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-engineered	<input type="checkbox"/> Yes <input type="checkbox"/> No	Screw Down	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vibrated Concrete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Used Pliers	<input type="checkbox"/> Yes <input type="checkbox"/> No	With Who		Standing Seam	<input type="checkbox"/> Yes <input type="checkbox"/> No
Troweled Top of Wall	<input type="checkbox"/> Yes <input type="checkbox"/> No			Type of building			
<b>Metal Siding</b>		<b>Rough Carpentry</b>		<b>General Labor</b>		<b>Other</b>	
Tin Snips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Framing / Sheathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shoveling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Finish Carpentry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nibblers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who did you work for		Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impact Wrench	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much experience		Jackhammering	<input type="checkbox"/> Yes <input type="checkbox"/> No	Concrete Finishing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Erect Staging	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used Skill Saw / Air Nailer / Table Saw	<input type="checkbox"/> Yes <input type="checkbox"/> No			Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

### Zero-Tolerance Substance Abuse

It is the policy of MD Aquatics to maintain a workplace free of alcohol and illegal drugs and their effects. Employees are required to report to work and perform work throughout the day fit for duty. MD Aquatics has a zero-tolerance policy – any employee who is found to be using, in possession of, or under the influence of those substances while working will be subject to disciplinary action up to and including termination.

No employee shall be permitted to work if he/she is under the influence of a substance that prevents him/her from safely performing the duties to his/her job.

MD Aquatics does not allow employees to either possess or use medical marijuana while at work. No employee shall work while under the influence of medical marijuana. Any employee who uses or possesses medical marijuana at work will be subject to disciplinary action.

Any employee, who is taking medication (including prescription medication, over-the-counter medications, or medical marijuana) that may have an impact on their ability to work safely, must notify their supervisor prior to starting work. In this circumstance it may be necessary to obtain a medical opinion regarding the employee's fitness for duty.

### Applicant's Certification and Agreement

- The distribution or receiving of this application by MD Aquatics does not imply or intend to imply an agreement or contract to employ the applicant. The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications. This application will be considered valid for no longer than one year. Re-application is necessary after one year.
- I authorize all persons, schools, employers, and organizations mentioned in this application to provide MD Aquatics with any and all information requested by MD Aquatics and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information.
- In the event I am employed by MD Aquatics, I agree to comply with all its rules, regulations, and directives. I understand that my employment is for no stated term and is subject to termination at the will of MD Aquatics.
- I certify that all statements made by me during the application process are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal. I hereby acknowledge that I have read, understand, and consent to the above statements.
- I also understand that if offered employment, I must prove my identity and my eligibility to work in the United States, prior to being employed.
- I also understand that any offer of employment is contingent upon my completion of MD Aquatic's evaluation of a post-offer physical examination.