



Elements Pool & Outdoor - Pool Service Technician Application

Applicant Information

- Full Name: _____
- Address: _____ City: _____
_____ State: _____ ZIP: _____
- Phone Number: _____
- Email Address: _____
- Date of Birth: _____
- Social Security Number (for insurance and background checks): _____
- Driver's License Number: _____ State Issued: _____
Expiration Date: _____

Employment Information

- Position Applied For: Pool Service Technician
- Date Available to Start: _____
- Desired Wage: _____

Are you legally eligible to work in the United States? (Proof of eligibility will be required upon employment): **Yes** **No**

- Are you at least 23 years old? **Yes** **No**
- Do you have a valid Florida driver's license? **Yes** **No**

Education

- High School: _____ City/State: _____
_____ Did you graduate? **Yes** **No** Diploma: _____
- College/University: _____ City/State: _____
_____ Did you graduate? **Yes** **No** Degree: _____

Previous Employment

1. Employer: _____ Job Title: _____
_____ City/State: _____
_____ Phone Number: _____ Supervisor: _____
_____ Dates of Employment: From _____ To _____ Reason
for Leaving: _____
2. Employer: _____ Job Title: _____
_____ City/State: _____
Phone Number: _____ Supervisor: _____



_____ Dates of Employment: From _____ To _____
Reason for Leaving: _____

References (Provide at least two professional references)

1. Full Name: _____ Relationship: _____
_____ Company: _____
_____ Phone Number: _____
2. Full Name: _____ Relationship: _____
_____ Company: _____
_____ Phone Number: _____

Background Check Authorization

I, _____ (print name), authorize Elements Pool & Outdoor to conduct a background check as part of the employment screening process. This may include criminal record checks, driving records, and verification of prior employment and education. I understand that any misrepresentation or omission of facts in my application may result in refusal of employment or termination of employment if hired.

Signature: _____ Date: _____

Insurance and Emergency Information

- Emergency Contact Name: _____ Relationship: _____
_____ Phone Number: _____
- Do you have any physical conditions or restrictions that may require accommodation to perform the essential duties of this job? Yes No
If yes, please explain: _____

Certification and Signature

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that false information or significant omissions may disqualify me from further consideration for employment and may lead to my dismissal if discovered at a later date.

Signature: _____ Date: _____

For Employer Use Only



- Interview Date: _____
- Notes: _____
- Background Check Completed: Yes No
- Insurance Added: Yes No

Equal Opportunity Employer Statement: Elements Pool & Outdoor is an equal opportunity employer. We do not discriminate based on race, color, religion, national origin, sex, age, disability, veteran status, or any other protected category.