

APPLICATION FOR EMPLOYMENT

You are not required to furnish any information which is prohibited by federal, state, or local law.

FIRST NAME:	LAST NAME:	MIDDLE INITIAL:	SOCIAL SECURITY NO. - -
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Home Address:	Other Address:
City: State: Zip:	City: State: Zip:
Telephone: Cell:	Telephone:
Pager Number:	E-Mail Address:
Date of Birth: Sex: M F	If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

HOW DID YOU LEARN ABOUT OUR POOL COMPANY? (PLEASE CHECK ONE)

Newspaper Poster Friend (Name: _____) Career Center Mailer Internet Other (_____)

EDUCATION		
Name of High School	Location	Graduation Date
College	Major	Graduation Date

AVAILABILITY

For what position are you applying?
Date available?
Desired Starting Pay?

Have you been employed with us before? Yes. Please list date(s) and company: No

PREVIOUS EMPLOYMENT RECORD: (PLEASE START WITH PRESENT OR MOST RECENT POSITION.)

1 Company		Kind of Business		
Address	City	State	Zip	Phone
Position	Pay rate		Employed from	To
Name of Immediate Supervisor		Title		

Reason for Leaving:

2 Company		Kind of Business		
Address	City	State	Zip	Phone
Position	Pay rate		Employed from	To

Reason for Leaving:

References

Name	Title/Co:	Phone
Name	Title/Co:	Phone
Name	Title/Co:	Phone

LEGAL/EMERGENCY

In the case of an emergency, please notify: _____ **Phone** _____
Relationship: _____

Can you perform the essential functions of this job with or without reasonable accommodations?

What, if any, accommodations are required?

Are you legally authorized to work in the United States?

Have you ever been convicted of a felony? If so, explain:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above may give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you."

"I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

"Under State law, an employer may not require or demand any applicant or prospective employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and is subject to a fine not to exceed \$100."

Signature _____ **Date:** _____

Poolman 2000 Inc. is an equal opportunity employer. All applicants for employment will be considered without regard to race, color, religion, sex, national origin, disability or age. This application will remain active for 45 days. After that time, it must be renewed by the applicant if he/she wishes to be reconsidered for employment.

DRIVER EXPERIENCE & QUALIFICATION (Answer the questions in this section only if applying for a driver position)

Date of Birth ____/____/____ The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2)) month day year

Social Security No. _____ - _____ - _____

LICENSES:

Drivers licenses held in past 3 years must be shown

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ____
- D. Are you aware of any visual or other physical defects which might handicap you in driving? Yes ____ No ____

If you answered "yes" to A, B C or D attach a statement giving details.

DRIVING EXPERIENCE:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers-LCV's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

ACCIDENT REVIEW FOR PAST 5 YEARS (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

Signature _____ Date: _____

PLEASE ANSWER THE QUESTIONS LISTED BELOW:

- 1. DO YOU HAVE BRONCHITIS, ASTHMA OR ANY OTHER RESPIRATORY AILMENT? YES ___ NO ___**
- 2. CAN YOU SWIM? YES ___ NO ___**
- 3. ARE YOU ALLERGIC TO WASP OR BEE STINGS? YES ___ NO ___**
- 4. DOES YOUR DRIVING RECORD HAVE ANY MOVING VIOLATIONS FOR THE LAST 5 YEARS? YES ___ NO ___**
- 5. HAVE YOU EVER BEEN TICKETED FOR DUI OR DWI? YES ___ NO ___**
- 6. ARE YOU AWARE OF OUR DRUG FREE WORKPLACE? EXPLAIN YES ___ NO ___**
- 7. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ___ NO ___**
- 8. DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH WOULD PREVENT YOU FROM LIFTING UP TO 100 LBS.? YES ___ NO ___**
- 9. DO YOU HAVE TRANSPORTATION TO AND FROM WORK? YES ___ NO ___**
- 10. ARE YOU COLOR BLIND? YES ___ NO ___**

Print Name: _____ **Signature** _____ **Date:** _____



"Pool Service You Can Count On"

Name of Job Applicant/Employee: _____

Street Address: _____

City, State, Zip Code: _____

Date: _____

Consumer reports may be obtained as part of Poolman 2000 LLC evaluation of my job application/employment. The reports may be procured by *Alliant Insurance Services, Inc.*, and may include my driving record, an assessment of my insurability under the Company's insurance coverages or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Sincerely,

Signature of Job Applicant/Employee: _____

Printed Name of Job Applicant/Employee: _____

Driver License # _____

State of License: _____

Date of Birth: _____

Para información en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - _ a person has taken adverse action against you because of information in your credit report;
 - _ you are the victim of identify theft and place a fraud alert in your file;
 - _ your file contains inaccurate information as a result of fraud;
 - _ you are on public assistance;
 - _ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old. **_ Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P.O. Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051