



## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

WORKFORCE DIVERSITY IS AN ESSENTIAL PART OF FISH FACTORY'S COMMITMENT TO QUALITY AND TO THE FUTURE. WE ENCOURAGE YOU TO APPLY, WHATEVER YOUR RACE, GENDER, COLOR, RELIGION, NATIONAL ORIGIN, AGE DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION OR VETERAN STATUS. IF YOU NEED AN ACCOMMODATION TO PARTICIPATE IN THE APPLICATION PROCESS, PLEASE LET US KNOW.

### PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY AND STATE ZIP CODE

PHONE NUMBER EMAIL ADDRESS

ARE YOU OVER THE AGE OF 18 YEARS?  YES  NO IF UNDER 18, PLEASE LIST BIRTHDATE: DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.?  YES  NO

### GENERAL INFORMATION

YES  NO Are you subject to a non-compete agreement which would preclude or restrict your employment with us? If so, please describe.

### REFERENCES

Please list at least 2 individuals who are qualified to evaluate your capabilities. Please do not include relatives.

Name	Relationship	Title/Company	Phone Number

### YOUR SCHEDULE

Date you are available to start:

FULL TIME  PART TIME  SUMMER ONLY?

### PREFERRED SCHEDULE:

Day	Available From	To	Not Available
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

**HIRING POLICIES AND PROCEDURES**

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, SEXUAL ORIENTATION, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS.

**EMPLOYMENT INFORMATION**

PLEASE ATTACH A COPY OF YOUR RESUME TO DEMONSTRATE RELEVANT WORK EXPERIENCE.

**U.S. MILITARY SERVICE**

Branch of Service	Technical Specialization	Rank Attained

**EDUCATION HISTORY**

Type of School	Name/Location of School	Degree/Area of Study	Grad? Y/N
High School			
College			
Graduate School			
Certifications or Licenses			
Certifications or Licenses			

**CERTIFICATION**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION.

I affirm that I am making this application because I am sincerely interested in being hired by Fish Factory Swim School (hereby known as "the COMPANY") and not for any other purpose.

I certify that all statements I have made on this application, on my resume, or other supplementary materials are true and correct. I hereby authorize the COMPANY to investigate the accuracy of this information from any person or organization and I release the COMPANY and all persons and organizations from all claims or liabilities of any nature arising from such investigations or the supplying of information for such investigations. I understand that if I am being considered for a position which requires driving a Company vehicle, a report examining my driving record may also be requested, and I similarly release all persons and organizations from all claims or liabilities of any nature arising from such examination or the supplying of information for such examination. I acknowledge that any false statement, significant omission, or misrepresentation on this application or supplementary materials will be cause for refusal to hire or, if employment has already begun, for immediate dismissal at any time during the period of my employment.

I will regard and preserve as confidential, and will not divulge to unauthorized persons, or use for unauthorized purposes, either during or after the term of my employment, any information, matter or thing of a then secret, confidential, or private nature connected with the business of the COMPANY without the written consent of an officer of the COMPANY. Similarly, I represent and agree that I have not and will not improperly disclose to the COMPANY any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party.

I am in agreement with the COMPANY's policy of equal opportunity in all phases of employment without regard to race, gender, color, religion, national origin, sexual orientation, age, veteran's status, marital status, or disability.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either the COMPANY or me. I further understand that this application is not, and is not intended to be, a contract of employment and that my at-will employment status cannot be changed except by a written document signed by the President of the COMPANY. I further understand that no supervisor, manager, or other employee or representative of the COMPANY, other than the President of the COMPANY, has the authority to change the at-will nature of my employment and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the COMPANY.

I understand that, if offered employment, I will have three days to submit documents to verify my identity and authorization to work for the COMPANY in the U.S. and that failure to submit such documents within three days will preclude me from actually beginning employment with the COMPANY and may result in withdrawal of the COMPANY's offer of employment to me, or, if employment has begun, will result in the termination of my employment. I certify that any documents I furnish to verify my identity and authorization to work for the COMPANY in the U.S. will be authentic and will relate to me.

I understand additional documentation will be required as a pre-condition for employment and that I may be required to submit to a drug screen, pre-employment physical and background security check. I understand and agree that my completion of this form does not guarantee that the COMPANY will offer me employment. I further understand and agree that if I am hired I am required to read and abide by all rules and regulations of the COMPANY governing the conduct of its employees, including those set forth in the COMPANY Employee Handbook.

I understand that this application, and other COMPANY paperwork, may be used interchangeably regardless of where the COMPANY locates employees, and I understand that the COMPANY is a subscriber under the New Mexico Workers' Compensation Act for covered employees in that state.

**Your signature reflects that you have read and understood all of the above statements and conditions of employment. Your signature further reflects that you understand and agree that any material misrepresentation or deliberate omission of the facts provided to FISH FACTORY SWIM SCHOOL by you will justify FISH FACTORY SWIM SCHOOL terminating its consideration of your application for employment, or, if employment has begun, terminating your employment.**

**SIGNATURE OF APPLICANT**

**DATE**

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