

REFERENCES: GIVE THE NAMES OF 3 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Phone No.	Their Place of Work	Relationship to You (personal, business or professional)	Years Known
1.	()			
2.	()			
3.	()			

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? yes no
If yes, what can be done to accommodate your limitation? _____

In Case Of
Emergency Notify: _____ () _____
Name Address Phone No.

AUTHORIZATION

"I certify that the facts contained in this application and any other material provided by me is true and complete to the best of my knowledge and I agree that any falsification or omission, whenever discovered will constitute cause for non-hiring or dismissal.

Unless otherwise noted, I authorize Pool Operation Management, or individuals designated by Pool Operation Management, to investigate and verify all information contained on this application (or any other accompanying resume or application materials) by contacting employers and references to give Pool Operation Management any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to Pool Operation Management.

I understand and agree that, if hired, my employment is for the contracted term designated by Pool Operation Management. This period will be provided to me prior to my first day on the job. If hired, I also agree that I may be terminated if my work performance does not prove acceptable by Pool Operation Management."

Date _____ Signature _____