

We are an Equal Opportunity Employer and we are committed to excellence through diversity.

EMPLOYMENT APPLICATION



2294 Old 431 Hwy.
Owens Cross Roads, AL 35763
256.725.2500 • www.tarapools.com

The application must be fully completed to be considered for a position with Tara Pool & Outdoor Products. (Please print or type) Complete each section, even if you attach a resume.

PERSONAL INFORMATION

Name _____

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Are you legally eligible to work in the US?
 Yes No

Are you a Veteran?
 Yes No

Are you willing to submit to a background check?
 Yes No

Are you willing to submit to a pre-employment drug screening?
 Yes No

POSITION

Position you are applying for _____ Available start date _____ Desired pay _____

Month _____ Day _____ Year _____

Employment desired
 Full-Time Part-Time Seasonal Temporary

EDUCATION

High School Name	Location (City/State)	Diploma/GED Received (Please Circle One)		Graduation Date		
		Yes	No	Month	Day	Year
		Yes	No	Month	Day	Year
College Name	Location (City/State)	Years Attended	Degree Obtained (Please Circle One)		Major	
			Associates	Masters		
			Bachelors	Other		
			Associates	Masters		
			Bachelors	Other		

REFERENCES (PROFESSIONAL ONLY)

Name (First & Last)	Relationship	Years Known	Phone	Email

EMPLOYMENT HISTORY

1 Employer	Job Title	Dates Employed ____/____ - ____/____ Month/Year Month/Year	
Address			
Employer's Name (First & Last)	City	State	Zip
Phone	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving	Starting Pay \$	Ending Pay \$	

2 Employer	Job Title	Dates Employed ____/____ - ____/____ Month/Year Month/Year	
Address			
Employer's Name (First & Last)	City	State	Zip
Phone	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving	Starting Pay \$	Ending Pay \$	

3 Employer	Job Title	Dates Employed ____/____ - ____/____ Month/Year Month/Year	
Address			
Employer's Name (First & Last)	City	State	Zip
Phone	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving	Starting Pay \$	Ending Pay \$	

SIGNATURE DISCLAIMER

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY EMPLOYMENT BEING TERMINATED.

Name		
First	Middle	Last
Signature		Today's Date (Month/Day/Year)