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 3066 West 26<sup>th</sup> St. Erie, PA 16506 (814)-835-0540

**APPLICATION FOR  
 EMPLOYMENT**

EMAIL COMPLETED APPLICATION TO [info@colleys.com](mailto:info@colleys.com) OR MAIL TO: 4953 Camp Road Hamburg, NY 14075  
 FOR ERIE, PA APPLICANTS ONLY: EMAIL TO: [michelee@colleys.com](mailto:michelee@colleys.com) OR MAIL TO: 3066 West 26<sup>th</sup> St. Erie, PA 16506

**COLLEY'S POOLS & SPAS IS A DRUG FREE  
 WORKPLACE.**

**A NEGATIVE SCREENING IS A REQUIREMENT FOR EMPLOYMENT.**

DATE

NAME (LAST, FIRST, MIDDLE INITIAL)

PRESENT ADDRESS

PERMANENT ADDRESS (if different than present address)

BEST PHONE #  SOCIAL SECURITY #

REFERRED BY (if applicable)

EMPLOYMENT DESIRED

POSITION  WHEN CAN YOU START?

SALARY DESIRED

DO YOU HAVE A CURRENT & VALID DRIVERS LICENSE?  WHAT IS THE CLASS OF YOUR LICENSE?

ARE YOU APPLYING FOR A PART TIME OR FULL TIME POSITION?

WHAT HOURS ARE YOU AVAILABLE?

PLEASE GIVE DETAILS, IF ANY

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

MAY WE DO A BACKGROUND CHECK? IF YES, PLEASE SIGN HERE:

**ONCE HIRED, YOU WILL BE REQUIRED TO TAKE A DRUG TEST. A NEGATIVE RESULT IS A REQUIREMENT BEFORE  
 EMPLOYMENT BEGINS.**

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

IF YES, WHERE?

IF YES, WHEN?

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	SUBJECTS STUDIED
HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>
COLLEGE	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY SERVICE  RANK

**“WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY OR ARREST RECORD”**

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. NAME ADDRESS BUSINESS YEARS ACQUAINTED

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

START & FINISH DATES	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DESCRIBE NATURE OF WORK PERFORMED FOR ABOVE JOBS:

HAVE YOU HAD ANY PREVIOUS INJURIES?

DO YOU HAVE ANY IMPAIRMENTS, PHYSICAL, MENTAL OR MEDICAL, WHICH MAY PREVENT YOU FROM PERFORMING IN A REASONABLE MANNER, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU APPLIED?

I HEREBY GIVE AUTHORIZATION TO COLLEY'S POOLS & SPAS TO CHECK THE REFERENCES GIVEN IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR WILL NOT BE INTERPRETED IN MY FAVOR.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS

HIRED \_\_\_\_\_ FOR DEPT \_\_\_\_\_ POSITION \_\_\_\_\_ WILL REPORT \_\_\_\_\_ SALARY/WAGE \_\_\_\_\_