APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire Equal Opportunity Employer

PERSONAL INFORMATION

Last Name _____ First Name _____ Social Security Number _____

Present Street Address _____ City _____ State _____ Zip _____

Permanent Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Referred By: _____

EMPLOYMENT

Position You Want _____ Date You Can Start _____ Salary Desired _____

Are You Currently Employed? _____ If So, May We Call Your Present Employer? _____

Employer's Name _____ Supervisor/Phone _____

Have You Ever Applied to Splash Down before? _____ When? _____

EDUCATION (level of education, currently a student?, where?) _____

(2) FORMER EMPLOYERS (date from-to, name, address, salary, position, reason for leaving)

_____

_____

(3) REFERENCES (name, relation, phone)

_____

_____

_____

AUTHORIZATION _____

Applicant's Signature / Date

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understandthat, if employed, fasified statements on this application shall be grounds for dismissal."

"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liablity for any damage that may result from utilization of such information. I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specifired period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."