

Fluid Mechanics, Inc.

Application for Employment

Today's Date _____

PERSONAL DATA

Name: Last _____ *First* _____ *Middle* _____

Address: Street and Number _____

City _____ *State* _____ *Zip Code* _____

Social Security Number _____ *Preferred Name or Nickname* _____

Day Phone Number (_____) _____ *Evening Phone Number* (_____) _____

How or by whom were you referred? _____

Position Desired: 1) _____ *2)* _____

EMPLOYMENT DATA

Date Available for work: _____ *Total days & hours available per week:* _____

Type of hours: *Full Time* *Part Time* *Days* *Nights*

Hours: _____

Are there any days or hours you are unable to work? If yes, write specifics below:

Will you travel? *Yes* *No* *If yes, what percent of your time?* _____

Are you willing to relocate? *Yes* *No* *If yes, where?* _____

Salary Requirement: _____

An Equal Opportunity/Drug-Free Employer

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, or any other class protected by federal, state, or local law.



Fluid Mechanics, Inc.

PO Box 20862

Lehigh Valley, PA 18002

Phone (610) 837-9999 Fax (610) 837-2668

e-mail: swim@fluidmechanics.net

website: www.fluidmechanics.net

EDUCATION

High School: Name _____ City _____ State _____
Circle highest grade completed: High School 9 10 11 12 College 13 14 15 16 17
Diploma or GED: Yes No

College Name	Address	Major	Minor	Degree	Grade
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Academic honors, awards, or special recognition _____

Extra curricular activities _____

Other night school, correspondence, home study or courses not listed above _____

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CERTIFICATIONS

If you currently have the certifications listed below, please write the expiration date on the line.

First Aid _____

CPR _____

Lifesaving _____

Lifeguarding _____

Water Safety Instructor _____

EMT _____

Paramedic _____

Other _____

Please describe below any prior training or instruction that you feel would be an asset to Fluid Mechanics, Inc.

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Completion of the Information Below is Voluntary.

Referral Source: (Circle One)

Newspaper Ad

Employee

Relative

Private Employment Service

Walk-In

Job Fair

School Placement Office

Other

Name Source (if applicable) _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Please Circle One:

Male

Female

Please Circle One:

Hispanic

Black

White

American Indian/Alaskan Native

Asian/Pacific Islander

REFERENCES

Professional References

1. Name _____ Occupation _____
Phone Number _____ Address _____
2. Name _____ Occupation _____
Phone Number _____ Address _____
3. Name _____ Occupation _____
Phone Number _____ Address _____

Personal References

1. Name _____ Occupation _____
Years Acquainted _____ Phone Number _____
Address _____
2. Name _____ Occupation _____
Years Acquainted _____ Phone Number _____
Address _____
3. Name _____ Occupation _____
Years Acquainted _____ Phone Number _____
Address _____

EMPLOYMENT RECORD INFORMATION

1. Employer _____ Dates _____
Type of Business _____ Title _____
Address: _____ Salary _____ per _____

Reason for Leaving _____
Supervisor's Name _____ Phone Number _____
Duties/Responsibilities: _____

2. Employer _____ Dates _____
Type of Business _____ Title _____
Address: _____ Salary _____ per _____

Reason for Leaving _____
Supervisor's Name _____ Phone Number _____
Duties/Responsibilities: _____

3. Employer _____ Dates _____
Type of Business _____ Title _____
Address: _____ Salary _____ per _____

Reason for Leaving _____
Supervisor's Name _____ Phone Number _____
Duties/Responsibilities: _____

4. Employer _____ Dates _____
Type of Business _____ Title _____
Address: _____ Salary _____ per _____

Reason for Leaving _____
Supervisor's Name _____ Phone Number _____
Duties/Responsibilities: _____

SIGNATURE

I, _____, certify that all of the above information is true and correct as far as I am currently aware, as it relates to the questions asked. Furthermore, I authorize the investigation of all statements contained in this application and hereby authorize my previous employers and references to furnish relevant information concerning my character, work habits, job performance and employment record. I understand that misrepresentation or omission of facts relevant to my employment is cause for dismissal.

Signature

____/____/____
Date

APPRECIATION

We would like to take this opportunity to express our appreciation to you for taking the time and effort to properly fill this application out. We take great pride in hiring the finest employees for **Fluid Mechanics, Inc.** Although this process is rigorous, it is exceptionally rewarding to all involved who are part of **Fluid Mechanics, Inc.**



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