

APPLICATION FOR EMPLOYMENT – SERVICE DEPARTMENT

AQUATIC SYSTEMS, INC. (ASI)

2100 NW 33rd Street Pompano Beach, FL 33069

Telephone: 800-432-4302 Fax: 954-977-7877

(PLEASE PRINT ALL INFORMATION)

Please fill out this application to the best of your ability. Print all information - answer all questions accurately and completely. Print "N/A" in any space that does not apply to you. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability. **Incomplete applications will not be considered.**

Name _____
(LAST) (FIRST) (MIDDLE)

Address _____ Home Phone _____
(AREA CODE + NUMBER)

(CITY) (STATE) (ZIP CODE) Work Phone _____
(AREA CODE + NUMBER)

Social Security No. ____/____/____ Allergies: _____

JOB REQUIREMENTS

Do you swim? Yes No *Your swimming abilities will be tested*

If the position requires driving, do you have a valid FL driver's license? Yes No *Your driving record will be checked*

Please supply your Florida driver license number _____

You will be required to pass a State Certification exam during your first 90 days of employment.

You will be required to take a drug test.

GENERAL INFORMATION

Position applied for: _____ Rate of pay expected \$ _____ per Week

List any friends or relatives working for us: _____
(NAME) (RELATIONSHIP)

If your application is considered favorably, on what date will you be available for work? _____

Are you on "layoff" status, subject to recall? Yes No

Do you have reliable transportation? Yes No

Are You Receiving Unemployment Benefits Now? Yes No

How long have you lived in this area? _____

Are you willing/able to work required overtime? Yes No

Do you wear contact lenses? Yes No

Are you available to travel? Yes No

Do you smoke? Yes No

Can you work weekend Overtime? Yes No

Can you work unscheduled overtime? Yes No

Are there any restrictions on the days of the week or hours that you can work? Yes No - If yes what restrictions?

Has your license ever been suspended? Yes No If yes why? _____

Have you had an accident or a moving violation in the past three years? Yes No

Have you ever been convicted of a crime? Yes No If yes, what was the crime? _____

Please list any activities you do outdoors? _____

Would you rather work in a team or on your own – and why? _____

What strengths do you have?

What weaknesses do you have?

RECORD OF EDUCATION

HIGH SCHOOL ATTENDED:

Name: _____ Address: _____

Course of study: _____ List Diploma or Degree: _____ Last Year Completed: 1 2 3 4

COLLEGE ATTENDED:

Name: _____ Address: _____

Course of study: _____ List Diploma or Degree: _____ Last Year Completed: 1 2 3 4

OTHER SCHOOL/ COLLEGE ATTENDED:

Name: _____ Address: _____

Course of study: _____ List Diploma or Degree: _____ Last Year Completed: 1 2 3 4

EMPLOYMENT RECORD

List below, beginning with most recent, you're present and past employment:

Employed by: _____ **From:** _____ **To:** _____
(MO/DAY/YR) (MO/DAY/YR)

Address: _____

Telephone: _____ Supervisor: _____

Position: _____ Starting Salary \$ _____ Ending Salary \$ _____

Type of Business: _____ Reason for Leaving: _____

Describe in detail the work you did: _____

May we contact this employer? Yes No

Employed by: _____ **From:** _____ **To:** _____
(MO/DAY/YR) (MO/DAY/YR)

Address: _____

Telephone: _____ Supervisor: _____

Position: _____ Starting Salary \$ _____ Ending Salary: _____

Type of Business: _____ Reason for Leaving: _____

Describe in detail the work you did: _____

May we contact this employer? Yes No

Employed by: _____ **From:** _____ **To:** _____
(MO/DAY/YR) (MO/DAY/YR)

Address: _____

Telephone: _____ Supervisor: _____

Position: _____ Starting Salary \$ _____ Ending Salary \$ _____

Type of Business: _____ Reason for Leaving: _____

Describe in detail the work you did: _____

May we contact this employer? Yes No

Field Employee Dress Code

As a field technician for ASI you represent our company to our customers. Having a professional appearance is an important and necessary goal. A sharp looking technician conveys a message to others that we are a professional, capable and disciplined work force. It indicates you have high work standards and have pride in yourselves, your work and your company. The following rules apply from the beginning of your shift to the very end of your shift.

- ASI will supply all field employee's hats, shirts and boots. ASI will buy the employee their first set of five jeans, but thereafter, the employee is responsible for buying full length pants as required.
- Any clothing that is not ASI issued must be worn under the ASI uniform and not be visible. In cold weather, a sweat shirt or jacket may be worn over the ASI shirt.
- Pants must be in good condition without holes, rips, or permanent stains. Worn out pants must be replaced. It is mandatory that fresh, clean pants be worn daily.
- For safety reasons, hats are mandatory and they must be ASI issue and in good, clean condition.
- It is mandatory that fresh, clean, wrinkle-free shirts are worn daily. Shirts must be tucked in and buttoned up at all times. For safety reasons, you are required to wear the high quality long sleeve shirts we have provided you. To avoid wrinkles, remove the shirt from the dryer immediately at completion of the drying cycle and hang it up.
- Wear your rubber safety boots the entire day, including work at the warehouse. Clean boots as required to maintain appearance.
- No dangling jewelry or earrings may be worn.
- Hair must be kept cut short, above the collar, neat and groomed. Beards or large mustaches are not permitted as they interfere with the safe operation of respirators by preventing an airtight seal.
- Good personal hygiene is required. You must arrive to work each day freshly shaved, bathed, deodorized, hair and teeth brushed.
- Employees who do not comply with these regulations will be sent home to correct the problem before being permitted back to work.

APPLICANT'S ACKNOWLEDGMENT

ASI provides lake management services for public and private organizations. Aquatic weed and algae control, aeration systems, and water chemistry testing are our primary services. Spray trucks, boats and ATV vehicles are used for application of herbicides. Field positions require repetitive heavy lifting, launching of boats, walking on steep uneven canal and lake banks with 50 pound backpack sprayers strapped on your back, lifting 50-100 pound bags and other strenuous work, in 90 degree heat and high humidity. Good swimming ability above and below the water is a job requirement. Your signature below indicates that you are able to perform the above tasks.

_____ Date _____
(Signature)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. I understand that the Employer will attempt to verify statements made on my application and made during my employment interview. I understand that any offer of employment will be tentative pending verification of a clean driving record and completion of testing to verify swimming ability.

If I am employed, I understand that any false or misleading information provided in my application or interview(s) may result in discharge if and when discovered. I understand also that if employed, I am required to abide by all the rules and regulations of the Employer. The completion of this application does not indicate there are any positions open and does not in any way obligate this Employer.

This application shall be considered active for no more than 45 days. After that time, applicants will be required to resubmit a completed application.

I understand that the initial 90 days of employment qualify as a probationary period. I further understand that all employment here is at-will and neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that the employer has a similar right. I understand that no one other than the president has the authority to make any other agreement and that any such agreement must be in writing. I understand that if I am employed, I will be required to sign a non-compete agreement with ASI.

_____ Date _____
(Signature)

I understand that the company will attempt to verify statements made on my application and made during my employment interview. When contacted by this company, I give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of this company's review of this application, I release this company and all former employers from any liability as a result of furnishing and receiving reference information. I understand that my failure to sign this reference release so the company can contact references and make a full background check of my previous work history and credit will be deemed interference with and a withdrawal of my application for employment.

_____ Date _____
(Signature)

FOR ADMINISTRATIVE USE ONLY:

Employee Hired:	Location: _____
	Start Date: _____
	Salary _____
	Shirt Size _____
	Birth Date _____

Cognitive Ability Test

Print Name: _____

Vocabulary and Spelling Skills: The following questions measure your understanding of basic vocabulary and spelling – please put a check mark in front of the correct answer.

Which word below is spelled correctly?

- Busness Business
 Bisness Biznez

Which word below is closest in meaning to “significant”?

- Necessary Clear
 Impeccable Important

Which word below is spelled correctly?

- Guarantee Guarante
 Garantee Gaurantee

Which word below is spelled correctly?

- Retale Ritail
 Retail Ritale

Which word below is closest in meaning to “assemble”?

- Dismantle Storage
 Warehouse Construct

Which word below is spelled correctly?

- Hourly Hourely
 Hourley Houerly

Which word below is closest in meaning to “objective”?

- Disapprove Goal
 Diagnose Thing

Which word below is closest in meaning to “memorandum”?

- Typing Report
 Manual Notice

Which word below is spelled correctly?

- Profesionsl Professional
 Perfesional Proffessional

Math Skills: The following problems measure your understanding of basic math functions – please put a check mark in front of the correct answer.

If you are using herbicide at a rate of 50 pounds per acre and you are treating two acres – how much herbicide will you use?

- 25 pounds 50 pounds 100 pounds

If you are using herbicide at a rate of 100 pounds per acre and you are treating $\frac{1}{2}$ acre – how much herbicide will you use?

- 25 pounds 50 pounds 100 pounds

If you arrive on site at 1:00 and leave the site at 1:30 – how much time have you spent on site?

- .50 hour .30 hour .75 hour

If you arrive on site at 2:00 and leave at 3:15 – how much time have you spent on site?

- 1.50 hour 1.15 hour 1.25 hour

348+57 =	495+236 =	561-77 =	43-15 =	3 x 13 =	4 x 15 =	125 / 5 =	28 / 4 =
<input type="checkbox"/> 395	<input type="checkbox"/> 731	<input type="checkbox"/> 411	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 60	<input type="checkbox"/> 15	<input type="checkbox"/> 6
<input type="checkbox"/> 405	<input type="checkbox"/> 741	<input type="checkbox"/> 474	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 70	<input type="checkbox"/> 25	<input type="checkbox"/> 7
<input type="checkbox"/> 305	<input type="checkbox"/> 751	<input type="checkbox"/> 484	<input type="checkbox"/> 38	<input type="checkbox"/> 36	<input type="checkbox"/> 80	<input type="checkbox"/> 35	<input type="checkbox"/> 8
<input type="checkbox"/> 415	<input type="checkbox"/> 761	<input type="checkbox"/> 486	<input type="checkbox"/> 42	<input type="checkbox"/> 39	<input type="checkbox"/> 90	<input type="checkbox"/> 45	<input type="checkbox"/> 9

Writing Skills: In the space provided below please write two or three sentences about why you feel you would be an asset to this company.



Continuation of the Application Process

All applicants must sign this form.

DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF A CONSUMER REPORT

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS. For and in consideration of my being considered for employment, I hereby authorize ASI to make inquiries to MAF Background Screening (MAFBS), a consumer reporting agency, concerning my employment suitability and qualification; including (1) any public record of any convictions for crimes of violence or dishonesty; (2) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to MAFBS by any merchant or employer where such acts occurred; or (3) any credit bureau reports. I further authorize any governmental agency where such conviction information is on file, or any company ("prior company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to ASI. During any period(s) while I may be employed by ASI, I hereby authorize ASI to make further like inquiries to MAFBS as ASI may from time to time, deem necessary for employment purposes. I also hereby authorize MAFBS, any such government agency, any such credit bureau and any such prior company to issue such reports in response to ASI inquiry(ies). I waive any further notice with respect to ASI's inquiries or with respect to such governmental agency's, such prior company's, such credit bureau's or MAFBS's dissemination of any such report(s). I hereby generally release and fully discharge MAFBS every such government's agency, every such credit bureau, and every such prior company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to ASI by MAFBS. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to ASI by writing or calling MAFBS. MAF Background Screening, P.O. Box 3434, Tampa, FL 33601 800-226-4483.

Please read and sign below acknowledging you have read this agreement.

(Signature) _____ Date _____