

APPLICATION FOR EMPLOYMENT

Applied Aquatic Management, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. Incomplete information may disqualify you from further consideration.

Date _____

APPLICANT INFORMATION			
Last Name	First	Middle Initial	Suffix
Street Address	City	State	Zip
E-mail Address		Primary Phone	Secondary Phone
Are you legally eligible for employment in the U.S.? YES [] NO [] (If offered employment, you will be required to provide documentation to verify eligibility)			
Are you over 18 years old? YES [] NO [] Do you have a valid Driver's License? YES [] NO []		Are you willing to relocate if the position requires? YES [] NO []	

POSITION		
Position Desired	Department	Date Available to Begin Work
Are you able to perform the essential functions of this position, with or without a reasonable accommodation? YES [] NO []		
If no, please explain.		
Have you previously worked for AAM before? YES [] NO []		If yes, please state department name and dates of employment.
Are you related to anyone currently employed by AAM? YES [] NO []		If yes, please state name and relationship.

EDUCATION				
	Name and Location of School	Number of Years Completed	Degree/Major/Subject	Degree Obtained? Y/N
High School Diploma [] G.E.D. []				
College				
Graduate				
Other (specify)				
List all other special courses, seminars, skills, licenses or memberships related to the position for which you are applying (Omit any that may reveal your race, color, creed, gender, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status):				

MILITARY SERVICE		
Dates of Service	Rank at Discharge	Training Received
Duties Performed		

EMPLOYMENT HISTORY*Start with your current or most recent position (make extra copies of this page if needed).*

Name of Employer	Address (include Street, City, State, & Zip)
Position/Hours Per Week	From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title, Phone Number	May we contact this employer for a reference? YES [] NO [] If no, please explain.
Responsibilities	
Reason for Leaving	

Name of Employer	Address (include Street, City, State, & Zip)
Position/Hours Per Week	Dates Employed From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title, Phone Number	May we contact this employer for a reference? YES [] NO [] If no, please explain.
Responsibilities	
Reason for Leaving	

Name of Employer	Address (include Street, City, State, & Zip)
Position/Hours Per Week	Dates Employed From _____ To _____ (Mo/Yr) (Mo/Yr)
Supervisor Name and Title, Phone Number	May we contact this employer for a reference? YES [] NO [] If no, please explain.
Responsibilities	
Reason for Leaving	

REFERENCES		
Please list the names of three professional references not related to you.		
Name	Relationship/Company Name	Contact Information (Phone or E-mail)
1.		
2.		
3.		

APPLICANT'S CERTIFICATION AND AGREEMENT	
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize AAM to verify their accuracy and to obtain reference information on my work performance. I hereby release AAM from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.</p> <p>I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.</p>	
Signature	Date

BACKGROUND CHECK AUTHORIZATION FORM

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize AAM and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish AAM or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

SUPPLEMENTAL APPLICATION – PROBATION AND COURT SERVICES

Additional Background Check/Employment Information		
Have you ever gone by another name? If yes, please list	Last four digits of social security number	Date of birth
Are you a citizen of the United States? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>]	Driver's license number	
If you served in the military, what type of discharge did you receive?	If other than honorable military discharge, explain	
Have you ever been arrested or convicted of a violation of any criminal law? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] If yes, explain		
Are you currently under investigation for violation of any criminal law? YES [<input type="checkbox"/>] NO [<input type="checkbox"/>] If yes, explain		

APPLICANT'S CERTIFICATION AND AGREEMENT	
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize AAM to verify their accuracy and to obtain reference information on my work performance. I hereby release AAM from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.</p> <p>I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.</p>	
Signature	Date

DRUG TEST CONSENT FORM

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow AAM to take a specimen of my urine, and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer, AAM.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against AAM, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS AAM, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Applicant Signature

Date