



# AQUASCAPE ENVIRONMENTAL

## Employment Application Package

Aquascape Environmental is a drug-free workplace and a participant in the Drugs Don't Work Program. All job applicants and employees are subject to drug screening, subject to the conditions set forth in our substance abuse policy statement. Offenders using or possessing illegal drugs will be denied employment and/or subject to termination.

Aquascape Environmental is a non-smoking workplace. Smoking is prohibited on company property, in company-owned or operated vehicles, and on company work sites. Violation of this policy is grounds for termination or denial of employment.

Applications are kept on file for six months. If you have not been hired within six months of the date of application, you must reapply in order to be considered for future employment opportunities.

### PLEASE PRINT

#### Personal Information

Name (last, first, middle): \_\_\_\_\_ Application Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever been known by any other name?  Yes  No

If yes, give name(s) and date(s): \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please describe in full: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, give Alien Registration Number: \_\_\_\_\_

Are you over the age of 18?  Yes  No If no, do you have a valid work permit?  Yes  No

Are any of your relatives or friends employed by Aquascape Environmental:  Yes  No

If yes, list name(s): \_\_\_\_\_

How did you hear about employment opportunities at Aquascape Environmental?

- Classified Advertisement       Aquascape Website       Other Employment Website  
 Referred by Friend or Relative       Referred by Employment Agency  
 Other (please specify): \_\_\_\_\_

Have you filed an application with us before?  Yes  No

If yes, please give date(s) and position(s) for which you applied: \_\_\_\_\_

**Employment Availability**

Are you available to work:  Full time  Part time  Overtime

Status Desired:  Full time  Part time  Seasonal  Internship

List any days/hours you are *unavailable* to work: \_\_\_\_\_

Date available to begin work: \_\_\_\_\_

Are you laid off and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

**Education and Training**

	Name and Location of School	Dates Attended	Last Year Completed	Major/Course of Study and Degree Earned
High School			1 2 3 4 Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4 Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Graduate			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*If additional space is needed, please use the back of this sheet.*

Describe any special training, skills, and/or extracurricular activities you have that would relate to the position for which you are applying:

---



---

Are you a veteran of the U.S. Military Service?  Yes  No

If yes, which branch? \_\_\_\_\_

Are you presently a member of the Military Reserve or National Guard?  Yes  No

List any trade or professional organizations in which you hold active membership (exclude any groups that would indicate race, color, religion, sex, or national origin): \_\_\_\_\_

---

**Employment History**

Please account for, at minimum, your last five years' employment history, beginning with you current or most recent position:

Name and Location of Company:		
Dates of Employment: <i>From</i>	<i>To</i>	Type of business:
Position/Title:	Starting Salary:	Ending Salary:
Describe your duties/responsibilities:		
Reason for Leaving?		Phone #:
Name of Supervisor:		May we contact? [ ] Yes [ ] No

Name and Location of Company:		
Dates of Employment: <i>From</i>	<i>To</i>	Type of business:
Position/Title:	Starting Salary:	Ending Salary:
Describe your duties/responsibilities:		
Reason for Leaving?		Phone #:
Name of Supervisor:		May we contact? [ ] Yes [ ] No

Name and Location of Company:		
Dates of Employment: <i>From</i>	<i>To</i>	Type of business:
Position/Title:	Starting Salary:	Ending Salary:
Describe your duties/responsibilities:		
Reason for Leaving?		Phone #:
Name of Supervisor:		May we contact? [ ] Yes [ ] No

Name and Location of Company:		
Dates of Employment: <i>From</i>	<i>To</i>	Type of business:
Position/Title:	Starting Salary:	Ending Salary:
Describe your duties/responsibilities:		
Reason for Leaving?	Phone #:	
Name of Supervisor:	May we contact? [ ] Yes [ ] No	

Have you ever been bonded? [ ] Yes [ ] No If yes, where?

### Computer & Technology Skills

Please rate your level of experience/competence with the following, using the scale indicated:

- 1 = Never used
- 2 = Have used rarely
- 3 = Have used occasionally
- 4 = Have used often and/or have received training on use
- 5 = Expert/advanced

- \_\_\_ Typing words per minute, if applicable: \_\_\_\_\_
- \_\_\_ Network Administration
- \_\_\_ Microsoft Office applications (Word, Excel, PowerPoint, Outlook)
- \_\_\_ CAD/Drafting software
- \_\_\_ ACT! Contact Management Software
- \_\_\_ QuickBooks
- \_\_\_ GPS devices
- \_\_\_ Other

If rated 4 or 5 on any of the software, please specify program(s): \_\_\_\_\_

### References

Please provide names and contact information for three professional (preferred) or personal references, not related to you:

---



---



---

## Health History

Have you ever filed a Worker's Compensation claim for a work-related injury?  Yes  No

Please give date and details of injury: \_\_\_\_\_

\_\_\_\_\_

If required for the position for which you are applying, will you consent to pre-employment and/or periodic medical examinations at company expense?  Yes  No

NOTE: All non-administrative/clerical positions at Aquascape Environmental require some level of strenuous outdoor physical activity, sometimes in remote locations. Do you presently have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying?

Yes  No If yes, please explain:

## Questions for Employment Consideration

Please answer the following questions relating to your possible employment at Aquascape Environmental.

NOTE: Answers should be legibly hand-written. Short, concise answers are acceptable. Please use an additional sheet of paper if necessary.

What are your goals?

Characterize your strengths.

Characterize your weaknesses.

What do you feel would be the most important element you would bring to Aquascape Environmental?

Describe what you feel would be the perfect job for you.

Where do you want to be in five years?

How much money would you like to be making in:

One year?

Two years?

Five years?

Is there any other information that you think should be brought to our attention regarding your application for employment?

## **Agreement**

*Please read carefully.*

Aquascape, Inc. (dba Aquascape Environmental, and hereinafter referred to as "AE") is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, national origin, or age. No question on this application may be used as consideration for employment because of an applicant's race, color, religion, sex, national origin, marital status, age, or the presence of a non-job related disability.

I certify that all of the information given by me on this application or in any supplemental form is true and correct to the best of my knowledge and belief. I further understand that false and misleading statements or consequential omissions of any kind on this application or supplemental forms are sufficient cause for my not being hired or my dismissal if I am hired.

I agree and understand that AE or its agents may investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release AE and persons named on account of furnishing such information. As part of this background investigation, I authorize AE to request a Motor Vehicle report from the state of issue so that my driving record may be ascertained. I also authorize AE to have access to any Workers Compensation records I might have in the files of the State Workers Compensation Board.

I also agree and understand that under the Fair Credit Reporting Act, I have been informed that this investigation may include an investigative consumer report, including information regarding my character, general reputation, personal characteristics, and mode of living. If any such investigation results in denial, the name and address of the consumer reporting agency making the investigative report will be provided to me, and I will be given the opportunity to correct any misinformation contained in any such report.

I agree to furnish such additional information and complete such physical examinations (including both pre-employment and periodic physical examinations) as may be required to complete my employment.

I agree and understand that Aquascape Environmental may require that I be approved for bonding as a condition of employment. Further, I will comply with AE's security policies and other policies, rules, and procedures that may be established by AE from time to time.

It is agreed and understood that this application for employment in no way obligates Aquascape Environmental to employ me. I agree and understand that my employment is for no definite duration and may be terminated at will by either Aquascape Environmental or me. It is agreed and understood by me that participation in any of the benefit programs offered by

AE does not create a contract of employment for a definite period of time. Additionally, the Aquascape Environmental Employee Handbook or other statements of AE policy are not contracts and cannot create a contract of employment for any definite duration. I agree and understand that only the President of AE has the authority to establish a contract of employment with me, and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

I agree and understand that, should AE loan me any money during the course of my employment and if said loan is not paid off prior to the termination of my employment with AE, then AE may deduct money due it from my final pay to the extent allowed by law, and I will remain responsible for paying off said loan within three months subsequent to the termination of my employment. In the event of the termination of my employment, any AE materials entrusted to me will be returned to AE on the last day of my employment, whether I resign or am terminated. I also understand that in the event of my termination any uniforms issued to me and not returned in reasonable condition will be deducted from my final paycheck.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete, to the best of my knowledge.

---

Signature of Applicant

---

Date