



AQUA DOC Lake & Pond Management
 10779 Mayfield Road
 Chardon, Ohio 44024
 Tel: 1-800-689-5253 or (440) 286-7663

Employment Application

An Equal Opportunity Employer

PERSONAL

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____ Social Security Number: _____
(Area Code)

Driver's License Number: _____ State: _____ Expiration Date: _____

Have you been convicted of a felony in the last seven years? Yes No
 Are you a citizen of the United States? Yes No

Explain Felony: _____

JOB INTERESTS/SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? Yes No If Yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you could begin working _____ Typing Speed(WPM) _____

Summarize any other special skills qualifications

EDUCATION

Type of School	Name & Location	Course of Study	# of Years	Grade Average	Maximum Grade	Degree, Diploma Certificate & Honors Received
High School						
College/University						
Other Education						
Other Education						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed

Reason for leaving _____

2. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed

Reason for leaving _____

3. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor and Title _____ Your Title _____

Employed From _____ To _____ Starting Salary _____ Ending Salary _____

Work Performed

Reason for leaving _____

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____

**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT
FOR
EMPLOYEMENT PURPOSES**

The undersigned hereby authorizes the STAT Integrated Technologies Inc. dba AQUA DOC or its insurance agency, Botson Insurance Group, Inc., or its assigns, to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-names employee may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: _____

Signed: _____

Print Name

Date of Birth: _____

SS #: _____-_____-_____

Driver's License #: _____