

**APPLICATION FOR EMPLOYMENT**  
**VERTEX WATER FEATURES**  
**A DIVISION OF AQUATIC SYSTEMS, INC.**  
**2100 NW 33<sup>rd</sup> Street, Pompano Beach, FL 33069**  
**Telephone: 800-432-4302 Fax: 954-977-7877**  
(PLEASE PRINT ALL INFORMATION)

**DATE:** \_\_\_\_\_

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 \_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (AREA CODE + NUMBER)

Cell Phone \_\_\_\_\_  
(AREA CODE + NUMBER)

Social Security No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are You Receiving Unemployment Benefits Now?  Yes  No

Do you have reliable transportation?  Yes  No

Do you smoke?  Yes  No

**GENERAL INFORMATION**

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

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ If Part Time please specify days and hours: \_\_\_\_\_

List any friends or relatives working for us:

\_\_\_\_\_  
(NAME) (RELATIONSHIP) (JOB POSITION)

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

If required, are you available to travel?  Yes  No

If required, are you available to relocate?  Yes  No

Are there any restrictions on the hours you can work?  Yes  No

Are there any restrictions on the days of the week you can work?  Yes  No

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

When required, are you able to work weekend overtime?  Yes  No Unscheduled overtime?  Yes  No

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

If applying for a position that requires driving, do you have a valid Florida driver's license?  Yes  No

**We will run a division of motor vehicle check on your driver license.**

Please supply your Florida driver license number \_\_\_\_\_

Has your license ever been suspended?  Yes  No

Have you been involved in an accident or received a moving violation in the past seven years?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, what was the crime? \_\_\_\_\_

Have you ever been bonded before?  Yes  No

How long have you lived in this area? \_\_\_\_\_

**Your swimming ability will be tested**, how well do you swim? \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_

What is your biggest strength? \_\_\_\_\_

What is your biggest weakness? \_\_\_\_\_

Please list any allergies, special qualifications, skills or experience you may have:

\_\_\_\_\_  
\_\_\_\_\_

Career Objective:

\_\_\_\_\_  
\_\_\_\_\_

**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

<b>EMPLOYMENT RECORD</b>
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List below, beginning with most recent, your present and past employment:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe the Nature of the Business: \_\_\_\_\_

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: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe the Nature of the Business: \_\_\_\_\_

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 \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Describe the Nature of the Business: \_\_\_\_\_

Describe in detail the work you did: \_\_\_\_\_

May we contact this employer?  Yes  No

## Field Employee Dress Code

As a field technician for Aquatic Systems 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 your safety boots as required to maintain their 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. Each morning you must arrive to work freshly shaved, bathed, deodorized and have your hair and teeth brushed.
- Any employee who does not comply with these regulations will be sent home to correct the problem before being permitted back to work.

## APPLICANT'S ACKNOWLEDGMENT

Vertex Water Features is a division of Aquatic Systems, Inc. Vertex Water Features manufactures, installs, maintains and repairs floating fountains and aerator systems. These positions require heavy repeated lifting, working in lake, pond and canal water, working in boats, swimming, snorkeling and diving. Occasional overnight trips up to one week away will be required. This will be your primary job and we will not be able to accommodate requests for limited hours or non-travel days. 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 that 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 Aquatic Systems, Inc.

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

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.

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY:**

<b>Employee Hired:</b>	<b>Location:</b> _____
	<b>Start Date:</b> _____
	<b>Salary</b> _____
	<b>Shirt Size</b> _____
	<b>Birthdate</b> _____
<b>Check to make certain that the social security number and driver license number filled in on this application.</b>	