



Employment Application

APPLICANT INFORMATION									
Last Name			First Name			M.I.	Date		
Street Address							Apt/Unit		
City			State	Zip		Social Security #			
Phone			E-Mail Address						
Position Applied For									
Date Available			Desired Salary		Referred By				
Are you currently employed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, may we contact your present employer?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you a citizen of the United States?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, are you authorized to work in the U.S.?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever worked for this company?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	If so, when?				
Do you have a valid drivers license?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	Drivers License Number:			State:	
Do you have reliable transportation to and from work?			<input type="checkbox"/> YES	<input type="checkbox"/> NO					
Have you, within the last 6 months, used any illegal drugs or other controlled substance that was not prescribed to you by your doctor?							<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you consume alcohol?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, how often?		Daily	Weekly	Occasionally	
Are you currently taking any medications that would impair your ability to drive or use machinery and/or power tools?							<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Were you ever fired or asked to leave a job?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, please explain					
How many days of work have you missed in the last year for reasons other than illness?									
Have you ever gone by any other name(s) other than the one listed?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	List names:				

EDUCATION									
Circle the highest grade completed	9	10	11	12	13	14	15	16+	
Name and Address of High School						Did you graduate?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
						GED Equivalent?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Name and Address of College/University						Dates Attended: From		To	
College Major			Did you graduate?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Degree		
Name and Address of College/University						Dates Attended: From		To	
College Major			Did you graduate?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Degree		
Trade, Business or Correspondence School						Dates Attended: From		To	
Certification(s)						Did you graduate?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Military Service						Dates Served: From		To	
						Rank Achieved			



FORMER EMPLOYERS (List last four employers, starting with the current/most recent)				
(month/year)	Name & Address of Employer	Position	Salary/Pay	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES (Please list three professional references)		
Full Name	Relationship	Years known
Company	Phone	
Address		
Full Name	Relationship	Years known
Company	Phone	
Address		
Full Name	Relationship	Years known
Company	Phone	
Address		

If you answered yes to a criminal offense, please explain:

AUTHORIZATIONS	
Initials	I certify that all answers on this application are true and complete to the best of my knowledge.
Initials	If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Initials	I authorize investigation of all statements contained herein. Employers and references listed above can be contacted to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release the company from all liability for any damage that may result from utilization of such information.
Initials	I authorize WaterFleet to run a complete background check.
Initials	I authorize WaterFleet to run my Motor Vehicle Record and confirm current vehicle insurance.
Initials	I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
Initials	This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.
Applicant Signature	Date: