

Airboat Addicts, Inc

APPLICATION FOR EMPLOYMENT

Birthdate: _____

Date _____

Directions: Type or print in *blue or black ink*. Answer all questions which are applicable. Please do not state "See Resume".

PERSONAL INFORMATION

Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Day Phone (if Different)	Social Security Number	
Fax Number	E-Mail Address		

EMPLOYMENT INFORMATION

Position for which you are applying _____

Are you employed at the present time? _____ If yes, please complete the information below

Employer's Name: _____

Employer's Address: _____

1. How long have you been with this employer? _____ Present Salary: _____
2. If offered a position, when can you report for work? _____
3. If hired can you show proof of your legal right to work in the U.S.? Yes _____ No _____
4. Have you ever been dismissed, or asked to resign from any position? Yes _____ No _____
5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? A yes answer to the above question does not necessarily disqualify an applicant from employment. Yes _____ No _____

If yes to number 4 or 5, please explain: _____

EDUCATION

Please list on the following lines all schools attended and any other pertinent information about your education.

School(s)	Subjects Studied (if applicable)
High School	
College (Including dates attended)	

EMPLOYMENT EXPERIENCE (List most recent experience first)

Name & Address	Position(s) Held	Dates (Start - End)

REFERENCES

Name & Address (Include City, State, Zip)	Phone	Relationship

The following section is to be completed by applicant for an OFFICE POSITION:

Can you type? _____ How many words per minute? _____

Computer Skills Macintosh _____ PC _____

Please provide computer and software knowledge below:

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date

Airboat Addicts, Inc

1508 Altman Road Wauchula, Florida 33873 (863) 767-8888 or (863) 781-3886
airboataddicts@airboataddicts.com

Spray Technician Job Duties/Responsibilities

- Ability to read Maps and Task Forms
 - Ability to follow directions and operate a GPS
 - Must possess common sense and sense of direction
 - Must be willing to operate a spray gun from a truck, skiff, ATV, side-by-side and or an Airboat
 - Must be trained, learn and complete Herbicide Logs
 - Must be willing to wear and operate a Back Pack Sprayer when needed
 - Must be willing to mix Aquatic Herbicide (Chemicals) in spray tanks
 - Must be willing to travel over the road weekly when needed and however long you are needed to complete the assigned work documents. This is mandatory!
 - All trucks and equipment will be kept clean and kept in a professional appearance by all employees; at all times and after each shift all garbage, trash, water bottles will be disposed of by the employees in the Truck daily!
 - You will report to work on time. We understand things happen, but a repeated pattern of tardiness will lead to Termination.
 - Excessive missed days and a repeated pattern of missed work will not be tolerated and will lead to Termination.
 - Your first paycheck will be held back; strict policy; no negotiation. Your payday is every Thursday. Our pay period is from Wednesday to the next Tuesday via Direct Deposit..
 - Drugs, drinking on the job will **NOT** be tolerated in any way. Immediate termination will result in any drug/alcohol use while on the clock or in any company vehicles/boats/atv's side-by-sides of Airboat Addicts.
- Zero-Tolerance** of smoking in any Airboat Addicts Company trucks will **NOT** tolerated. If warned and this policy is not adhered to you will be Terminated!

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Byron D Waters
Manager
Airboat Addicts, Inc

Additional Questions:

Any prior arrest for drug use?

Will you submit to a drug test?

Any prior use for theft?

Are you currently on Probabtion? If so; Where?

Employee Signature and Date: _____

Authorization for Direct Deposit - Employee Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee ID #

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.