

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

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: _____

CONFIDENTIAL**Background Check Authorization**

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

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Airboat Addicts, Inc and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Airboat Addicts, Inc or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Signature: _____ Date: _____

** Airboat Addicts, Inc and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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.