

# Aqua Marine Properties, LLC

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, political affiliation, national origin, disability, marital status, gender or age. Aqua Marine Properties, LLC is a drug free workplace.

1. Position applied for \_\_\_\_\_  
2. Social Security No. \_\_\_\_\_  
3. Full legal name \_\_\_\_\_  
4. Contact Phone \_\_\_\_\_  
Last First Middle  
5. Address \_\_\_\_\_  
6. E-mail Address \_\_\_\_\_  
City State Zip

### 7. EDUCATION

a. Circle highest grade completed \_1\_ \_2\_ \_3\_ \_4\_ \_5\_ \_6\_ \_7\_ \_8\_ \_9\_ \_10\_ \_11\_ \_12\_ Year Completed \_\_\_\_\_  
b. If you did not complete high school, do you have a high school equivalency diploma? \_Yes\_ \_No\_ Date Received \_\_\_\_\_  
c. Circle number of years of post high school education \_1\_ \_2\_ \_3\_ \_4\_ \_5\_ \_6\_ \_7\_

Name and Location of Institution	Degree Received	Major or Specialty	Minor	Dates Attended

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_

10. **EXPERIENCE** - Starting with the most recent, list below last three employers. May we contact your present supervisor? \_\_Yes \_\_No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment /software used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment /software used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Type of business \_\_\_\_\_  
Immediate supervisor \_\_\_\_\_  
Title \_\_\_\_\_ Number and titles of employees you supervised \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_ Equipment /software used \_\_\_\_\_  
Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_ Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills:

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e. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

**11. REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

**12. MISCELLANEOUS**

a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_

b. Check which job status you would accept:  Full-time  Part-time (specify) \_\_\_\_\_

c. Check which employment status you'd accept:  Salaried (benefits)  Hourly (No benefits)  Part-time salaried (leave benefits only)

d. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.

e. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?  Yes  No. Will you now or in the future require sponsorship for employment visa status?  Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

f. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations?  YES  NO. If YES, please provide the following:

Description of offense: \_\_\_\_\_  
 Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
 County, City and State of Conviction: \_\_\_\_\_

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 Month  Day  Year.

**14. CERTIFICATION— Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Aqua Marine Properties, LLC I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_



### **Combined Disclosure Notice and Authorization Regarding Background Consumer Reports**

In connection with my application for employment (including a contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be obtained on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports may include experience information along with reasons for termination of past employment. Said consumer report and/or an investigative consumer report may be obtained at any time during the application process or during my employment with the employer, I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act.

I understand that I may, upon timely written request of the Human Resources department of Aqua Marine Properties, and within 5 days of the request, receive the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report that will be obtained.

I understand that my offer of employment is contingent upon the result of the background investigation. I also understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of my rights under the Fair Credit Reporting Act.

#### **Authorization:**

I hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, court, department of corrections, or other person or agency having knowledge about me to furnish Aqua Marine Properties or its vendors authorized for the purpose of performing background investigations, with any and all background information in their possessions regarding me, in order that my employment qualifications may be evaluated.

#### **Read, Acknowledged and Authorized:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is for identification purposes only in order for us to perform the background check:

Please print

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender (M or F) \_\_\_\_\_

Other or Former names: \_\_\_\_\_

## A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if the person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information, if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the

lists for two years. If you request, complete, and return the CRA from provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed	Federal Trade Commission Consumer Response Center – FCRA Washington, D.C. 20580 202-326-3761
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, D.C. 20219 800-613-6743

Federal Reserve System members banks (except national banks, and federal branches/ agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, D.C. 20552 800-842-6929
Federal credit unions (word “Federal credit union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, D.C. 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, D.C. 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, D.C. 20450 202-720-7051