

**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer / Drug Free Business

Personal Data			
Name		How did you learn about the position?	
Street Address		<input type="checkbox"/> Facebook	
City, State, ZIP Code		<input type="checkbox"/> Craigslist	
Main Phone Number		<input type="checkbox"/> Employment Agency	
		<input type="checkbox"/> WI Job Source	
		<input type="checkbox"/> Other	
Are you 18 or older?		Email Address	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license?	
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list crime and date of conviction.	

Education	
Have you graduated from high school or received a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of High School	City, State, ZIP

Additional Education			
Type of School	Name of School	City, State, Zip	Degree or Diploma
Community/ Technical			
College			

Licenses /Certificates			
Licenses	Type	State	Expiration Date

Employment Record <i>List present or most recent experience first. Attach additional sheet if necessary.</i>	
Title	Duties
Company Name	
Address	
City, State, ZIP Code	
Supervisor's Name	Telephone
Dates of Employment (Mo./Yr.-Mo./Yr.)	Reason for leaving

**Continued Employment Record**

Title	Duties
Company Name	
Address	
City, State, ZIP Code	
Supervisor's Name	Telephone
Dates of Employment (Mo./Yr.-Mo./Yr.)	Reason for leaving
Title	Duties
Company Name	
Address	
City, State, ZIP Code	
Supervisor's Name	Telephone
Dates of Employment (Mo./Yr.-Mo./Yr.)	Reason for leaving

**Field Experience** *Check any that apply*

Field Relevant Skills	Equipment Operation	Training
<input type="checkbox"/> Painting Conventional <input type="checkbox"/> Painting Airless <input type="checkbox"/> Abrasive Blasting <input type="checkbox"/> Rigging for Scaffolding <input type="checkbox"/> Able to work at high heights <input type="checkbox"/> Able to work on ladders/scaffolding	<input type="checkbox"/> Blast Pot <input type="checkbox"/> Airless Sprayer <input type="checkbox"/> Conventional Sprayer <input type="checkbox"/> Pressure Washer <input type="checkbox"/> Spider Basket <input type="checkbox"/> Compressors	<input type="checkbox"/> First Aid/CPR <input type="checkbox"/> CDL <input type="checkbox"/> Skid Steer <input type="checkbox"/> Scaffolding <input type="checkbox"/> Hazardous Waste

**APPLICANT CERTIFICATION & DISCLOSURE**

I certify that answers/information given herein are true, complete and accurate. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I hereby authorize any schools that I have attended, current and previous employers, and organizations named in this application to provide Lane Tank Co., Inc. any information that may be requested to make an employment decision. I understand and agree that any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer. I have read or had read to me and understand the above statement. Further, I understand I may be required to have a medical examination after an offer of employment has been made and prior to the commencement of my employment duties. To the extent permitted by law, a favorable result on the medical examination would be a condition of my employment.

I confirm that I \_\_\_\_\_ have read, understand and agree to the above statement.