



Application for Employment

Date of Application _____

Important Notice: This Company Participates in the U.S. Dept. of Homeland Security E-Verify® program in order to verify eligibility.

Full Name: _____

Address: _____

City: _____ State _____ Zip code _____

Emergency Contact: _____

Best Phone # and time I can be reached _____

E-Mail Address: _____ Date Available to begin work _____

Position Applied for _____

Desired Salary _____

Are you a US Citizen or authorized to work in the USA? _____

Have you ever worked for this company? _____ If Yes, When? _____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required eligibility verification form upon hire.

This company uses the E-verify system to verify I-9 information with the US Dept. of Homeland Security and the Social Security Administration.

Name of High School _____

Address or Location _____

Highest Level Completed _____

Name of College if any _____

Use extra paper if needed or supply resume'

Degree earned? _____ State your highest level of College completed. _____

Name of Degree(s) _____

List 3 professional references.

1. Full Name _____ Relationship or title _____
Company _____ Phone # _____
Address _____

2. Full Name _____ Relationship or title _____
Company _____ Phone # _____
Address _____

3. Full Name _____ Relationship or title _____
Company _____ Phone # _____
Address _____

Previous Employment:

Company: _____	Phone _____	
Address _____	Supervisor _____	
Job Title _____	Starting salary \$ _____ / _____	Ending Salary \$ _____ / _____
Responsibilities _____		
Dates worked (From) _____ (to) _____ Reason for leaving _____		
May we contact your previous supervisor for a reference? _____		

Company: _____	Phone _____	
Address _____	Supervisor _____	
Job Title _____	Starting salary \$ _____ / _____	Ending Salary \$ _____ / _____
Responsibilities _____		
Dates worked (From) _____ (to) _____ Reason for leaving _____		
May we contact your previous supervisor for a reference? _____		

Company: _____	Phone _____	
Address _____	Supervisor _____	
Job Title _____	Starting salary \$ _____ / _____	Ending Salary \$ _____ / _____
Responsibilities _____		
Dates worked (From) _____ (to) _____ Reason for leaving _____		
May we contact your previous supervisor for a reference? _____		

Please list any trainings, experience, and all certifications you have had which may enhance your qualifications for the position sought.

Type of training: _____ Date of training _____ Cert. Expiration date _____

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List additional Trainings on the back or on an extra sheet of paper.

Please List any Apprenticeship program you have participated in and mark Percentage of completion status.

Apprenticeship program name _____ Location _____ Dates _____ Status _____%

The following section is to be signed by all applicants whose desired position does NOT require a CDL.

Applicants for positions which involve CDL driving, complete CMV Supplement Application and submit along with employment application. (See Pages 4 – 5)

Performance Hydroblasting, INC, Co. is an Equal Opportunity Employer

The Performance Hydroblasting Inc., Co. is committed to providing equal employment opportunity for all employees and applicants on the basis of merit and without regard to race, color, religion, gender, age, national origin, sexual orientation, and physical or mental disability, veteran status, or Vietnam Era veteran status. Our objective is to promote full realization of equal employment opportunity through a continuing affirmative employment program that aims to eliminate discrimination based on factors irrelevant to job performance.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I am also agreeing to permit my previous employers to be contacted. I understand that this employer may conduct a pre-employment and or post-employment background check upon my personal history as it pertains to security sensitive tasks which my position, if I am hired, may include.

Date

Applicant's Printed name

Applicant's Signature

To be completed only by all applicants for positions which require CDL Driver's License.

CDL Drivers

Has a license, permit, or privilege to operate a motor vehicle ever been denied you, revoked, or suspended in the last three years for any reason? _____

If Yes, please explain the circumstances in detail below.

Commercial Motor Vehicle Operator License or Permit (If more than one, list on back)

State of issue: _____ License / Permit # _____ Class _____ Endorsements _____,_____,_____,_____
Expiration Date _____

CDL Driver / Previous Work Experience:

_____ How long? _____ Certified? _____
_____ How long? _____ Certified? _____
_____ How long? _____ Certified? _____

List all Motor vehicle accidents you were convicted of, and/or forfeited bond or collateral in the last three years (Exclude parking offenses). You may use extra paper or write on back of page if needed.
If hired, all accidents must be reported to the Company within 30 days.

<u>Date of accident</u>	<u>Describe accident</u>	<u># of injuries</u>	<u># of fatalities</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list dates of employment, Name of employer, address, and reason for leaving any employers for whom you operated a Commercial Motor Vehicle in the last ten years.

<u>Dates Employed</u>	<u>Employer's Name</u>	<u>Address</u>	<u>Reason for Leaving:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note: Previous employers will be contacted for the purpose of investigating the applicant's safety performance history information. You have the right to (a) review information provided by previous employers,(b) have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer and(c) have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

All applicants will be required to undergo pre-employment screening for controlled substances and at our discretion, alcohol testing prior to employment and if hired, will be required to undergo subsequent testing at various times of employment in accordance with the company's Controlled substance policy. The type of screening used may be a hair test or a urine test at this employer's sole discretion. See Controlled Substance Policy for details.

If employed after Oct. 29, 2004, were you subject to the FMCSRs while employed? _____

Have any of your jobs been designated as a safety sensitive function in any DOT Regulated Mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? _____

Applicants for positions that require driving a commercial motor vehicle (CMV) at any time will be required to undergo testing for controlled substances, and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout the period of their employment. Applicants are required to sign forms for release of information from previous employers in all cases where driving a CMV was one of your functions. Failure to sign will prevent this employer from using you as a CMV driver.

You do have the right to: (a) review information provided by previous employers. (b) have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to the prospective employer. (c) have a rebuttal statement attached to the alleged erroneous information, if the previous employer and you cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five business days deadline will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

Equal Employment Opportunity / Affirmative Action Policy

Within the company, every effort will be made to ensure that all employment decisions and personnel actions, including recruitment, selection, training, promotion, transfer, and benefits are administered in conformance with Federal statutes and regulations governing equal employment and personnel management. Performance Hydroblasting, INC expressly encourages all employees to recommend women and minorities persons for job openings in this company. Further, our policy provides that all Federal, State, and local ideals be followed in all advertising when seeking new hires.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I am also agreeing to permit my previous employers to be contacted. I understand that this employer may conduct a pre-employment and/or post-employment background check upon my personal history as it pertains to security sensitive tasks which my position, if I am hired, may include. I also understand that I will be subject to future background checks as my duties or work locations may require. I understand that my personal information may be required by one or more client's security measures for admittance to their facilities. By signing below I state that I understand and agree to all of the above provisions for the purpose of this application and for the durable purpose of security sensitive tasks or work locations.

Date

Applicant's Printed name

Applicant's Signature