

# Employment Application Form



Superior Tank Solutions, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to age, ancestry, citizenship, color, creed, family status, marital status, medical condition, mental disability, national origin, physical disability, pregnancy, race, religion, sex, or sexual orientation, past, present, or future membership in a uniformed service of the United States including status as a disabled veteran or a Vietnam era veteran, or any other consideration made unlawful by federal, state or local laws.

## Please Print

\_\_\_\_\_  
Date Last Name First Name Middle

### Present Address

\_\_\_\_\_  
No. & Street City State Zip Code

### Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street City State Zip Code

\_\_\_\_\_  
Business Phone Home Phone Email Address

## Employment Desired

Position applying for: \_\_\_\_\_

## Personal Information

How did you hear about our company and this job opening? \_\_\_\_\_

Have you ever applied to or worked for Superior Tank Solutions, Inc. before? .....  Yes  No

If yes, when? \_\_\_\_\_

Why are you applying for work at Superior Tank Solutions, Inc.? \_\_\_\_\_

What days are you available to work?  All  Sun  Mon  Tue  Wed  Thurs  Fri  Sat

If hired, on what date can you start work? \_\_\_\_\_

Would you be available to work overtime, if necessary? .....  Yes  No

Do you have any friends or relatives that work for the company? .....  Yes  No

If yes, please list their name and relationship to you \_\_\_\_\_

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If hired, would you have a reliable means of transportation to and from work?.....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

## Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____ Name _____ Address _____ City                      State              Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	_____ Name _____ Address _____ City                      State              Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	_____ Name _____ Address _____ City                      State              Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Health Care Training</b>	_____ Name _____ Address _____ City                      State              Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

**1.** \_\_\_\_\_  
Name of Employer Phone Number  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

**2.** \_\_\_\_\_  
Name of Employer Phone Number  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No

**3.** \_\_\_\_\_  
Name of Employer Phone Number  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?.....  Yes  No



## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

1. \_\_\_\_\_  
First Name Last Name Phone Number

\_\_\_\_\_  
Address & Street City State Zip Code

\_\_\_\_\_  
Occupation No. of Years Acquainted

2. \_\_\_\_\_  
First Name Last Name Phone Number

\_\_\_\_\_  
Address & Street City State Zip Code

\_\_\_\_\_  
Occupation No. of Years Acquainted

3. \_\_\_\_\_  
First Name Last Name Phone Number

\_\_\_\_\_  
Address & Street City State Zip Code

\_\_\_\_\_  
Occupation No. of Years Acquainted

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize \_\_\_\_\_ to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

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 employment eligibility verification document form upon hire.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature