

Application For Employment

C & W Tank Cleaning Co, Inc.
50 N. Lallendorf Rd.
Oregon, OH 43616
(answer all questions, please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Phone Number _____ Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City

ADDRESS
FOR PAST
THREE
YEARS

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Truck Drivers)

Are you currently employed? _____ May we contact your current employer? _____

Have you worked for this company before? _____ Dates: From: _____ To: _____

Who referred you? _____ Rate of pay expected? _____

Do you have any physical condition that may limit your ability to perform the job for which you are applying? _____

Are you afraid of heights? _____ Are you claustrophobic? _____

Are you willing to have a physical exam and drug screen? _____

Is there any reason you cannot work with chemicals? _____

Your job may require entering confined spaces. Are there any limitations or reservations you may have in performing such a task? _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years.

Applicants to drive a commercial motor vehicle in intrastate commerce shall also provide an additional seven years' information on those employers for whom the applicants operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer's Name _____ Supervisor _____ Phone No. _____

Address _____ City _____ State _____

Position Held _____ From _____ To _____

Salary/Wage _____ Reason For Leaving _____

Employer's Name _____ Supervisor _____ Phone No. _____

Address _____ City _____ State _____

Position Held _____ From _____ To _____

Salary/Wage _____ Reason For Leaving _____

Employer's Name _____ Supervisor _____ Phone No. _____

Address _____ City _____ State _____

Position Held _____ From _____ To _____

Salary/Wage _____ Reason For Leaving _____

Employer's Name _____ Supervisor _____ Phone No. _____
Address _____ City _____ State _____
Position Held _____ From _____ To _____
Salary/Wage _____ Reason For Leaving _____

Employer's Name _____ Supervisor _____ Phone No. _____
Address _____ City _____ State _____
Position Held _____ From _____ To _____
Salary/Wage _____ Reason For Leaving _____

Employer's Name _____ Supervisor _____ Phone No. _____
Address _____ City _____ State _____
Position Held _____ From _____ To _____
Salary/Wage _____ Reason For Leaving _____

Employer's Name _____ Supervisor _____ Phone No. _____
Address _____ City _____ State _____
Position Held _____ From _____ To _____
Salary/Wage _____ Reason For Leaving _____

Accident History

Accident record for past three years or more (Attach sheet if more space is needed)

	Date	Nature of Accident (Head-on, rear-end...)	Fatalities	Injuries
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

Traffic convictions and forfeitures for the past three years (Other than parking violations. Attach additional sheets if more space is needed)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

Circle highest grade completed 1 2 3 4 5 6 7 8 High school 1 2 3 4

College 1 2 3 4 Last school attended _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any job-related training received in the United States Military _____

Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience. _____

References

- 1. Name _____ Phone No. _____
- 2. Name _____ Phone No. _____
- 3. Name _____ Phone No. _____

Driver Experience & Qualifications

	State	License No.	Type	Expiration Date
Driver Licenses	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes, attach statement giving details

Experience and Qualifications-Other

Show any trucking, transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application



Criminal History

Have you ever been charged or convicted of a felony? _____

If yes, please explain _____

To Be Read And Signed By Applicant

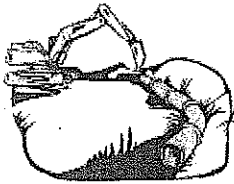
This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving in an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I also authorize you to conduct a criminal background check and fingerprinting. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

*****Please have your driver's license or state identification and social security card available for receptionist to copy upon turning in application.**



Applicant Authorization to Release DOT Drug /Alcohol Test Results

(Background Check Form as required by 49 CFR Part 40.25)

I, _____, as the Applicant, understand that as a condition of hire with _____ (Prospective Company), I must consent to the release of the results of all DOT mandated drug and/or alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years.

Below, I have listed all of the employers for which I have worked or pre-employment tested during the past two years. I hereby authorize my previous employers to furnish to (Prospective company) the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past two years.
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years.

Signature of Applicant _____

Social Security Number _____

Date _____

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with 49 CFR Part 40.25, the company, named above, is required to obtain -- and as a previous employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers concerning any period of employment of the applicant by you going back two years from this date of this request. Please complete the following:

- | | | |
|---|---|--|
| <p>YES* _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/></p> | <p>1. Any DOT alcohol test results of 0.04 or greater?</p> <p>2. Any DOT positive drug test results?</p> <p>3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens)</p> <p>4. Other violations of DOT drug and alcohol testing regulations?</p> <p>5. If "yes" for any of the above items, did the employee complete the return-to-duty process?</p> <p>6. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations.</p> |
|---|---|--|

Note: If "yes" for item 5, you must provide the previous employer's report. If "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name _____

Name of Person Completing Form _____

Date _____

FAX COMPLETED FORM TO: (PROSPECTIVE COMPANY NAME & FAX NUMBER)

C & W TANK CLEANING CO., INC.

**NOTICE REGARDING BACKGROUND INVESTIGATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 4413, Phone: 800-229-8606, Fax: (440) 243-4204 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Corporate Screening Services, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Name: _____
Please Print

Social Security Number _____ DOB** _____

Current Address _____

City _____ / State _____ / Zip _____

Drivers License Number _____ State _____

Signature: _____ Date: _____

**Date of Birth is being requested in order to obtain accurate retrieval of records.