

TANK SERVICES EMPLOYMENT APPLICATION

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date: _____

PERSONAL INFORMATION		
Last Name:	First Name:	Middle Name:
Present Address:		
Permanent Address (If different from above):		
Phone:	Mobile:	E-Mail:

APPLICATION DETAILS	
Position Applied For:	
Date Available to Work:	Salary Requirements: \$ per
How were you referred to Tank Services?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.</small>	
Do you have any objection to working overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work overtime without prior notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work on Saturday?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work on Sunday?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel, if required by this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives who are presently (or have formerly been) employed by Tank Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide their name(s) and relation to you: _____	

EDUCATION HISTORY			
	School Name & Location	Years Completed	Degree
High School:			
College:			
Tech. Training:			
Other:			
Other:			

EMPLOYMENT HISTORY

Please provide all employment for the last five years, beginning with your current or most recent employer. Attach additional sheet(s) if necessary.

1. Company Name: (Current/Most Recent Employer)		Position Held:	
<input type="text"/>		<input type="text"/>	
Address:		Dates Employed:	
<input type="text"/>		From:	To:
Manager/Supervisor Name:		Phone Number:	
<input type="text"/>		<input type="text"/>	
Reason for Leaving:		Wage/Salary:	
<input type="text"/>		<input type="text"/>	
2. Company Name:		Position Held:	
<input type="text"/>		<input type="text"/>	
Address:		Dates Employed:	
<input type="text"/>		From:	To:
Manager/Supervisor Name:		Phone Number:	
<input type="text"/>		<input type="text"/>	
Reason for Leaving:		Wage/Salary:	
<input type="text"/>		<input type="text"/>	
3. Company Name:		Position Held:	
<input type="text"/>		<input type="text"/>	
Address:		Dates Employed:	
<input type="text"/>		From:	To:
Manager/Supervisor Name:		Phone Number:	
<input type="text"/>		<input type="text"/>	
Reason for Leaving:		Wage/Salary:	
<input type="text"/>		<input type="text"/>	
4. Company Name:		Position Held:	
<input type="text"/>		<input type="text"/>	
Address:		Dates Employed:	
<input type="text"/>		From:	To:
Manager/Supervisor Name:		Phone Number:	
<input type="text"/>		<input type="text"/>	
Reason for Leaving:		Wage/Salary:	
<input type="text"/>		<input type="text"/>	

Tank Services reserves the right to contact all employers listed on this application, unless you specifically wish to exclude them. Below, please list any employers you do not want us to contact and your reason for the exclusion:

1. Company Name:	Reason:
<input type="text"/>	<input type="text"/>
2. Company Name:	Reason:
<input type="text"/>	<input type="text"/>

PROFESSIONAL REFERENCES

List details for three professional work references. Do not list relatives.

1. Full Name	Phone Number:
<input type="text"/>	<input type="text"/>
Company Name & Occupation	E-Mail:
<input type="text"/>	<input type="text"/>
Relationship to you:	Years Known:
<input type="text"/>	<input type="text"/>
2. Full Name	Phone Number:
<input type="text"/>	<input type="text"/>
Company Name & Occupation	E-Mail:
<input type="text"/>	<input type="text"/>
Relationship to you:	Years Known:
<input type="text"/>	<input type="text"/>
3. Full Name	Phone Number:
<input type="text"/>	<input type="text"/>
Company Name & Occupation	E-Mail:
<input type="text"/>	<input type="text"/>
Relationship to you:	Years Known:
<input type="text"/>	<input type="text"/>

APPLICANT AFFIDAVIT

I certify that my answers to the forgoing questions are true and correct without any consequential omissions of any kind. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Tank Services to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications and I give full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Tank Services. I understand that the taking of drug and alcohol tests, given pursuant to agency policy, is a condition of continued employment and refusal to take such tests will be grounds for my immediate termination. I further understand that nobody of Tank Services is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the written consent of the C.E.O. of Tank Services. I also understand that my employment is "at-will" and may be terminated by myself or by Tank Services at any time for any reason, or no reason at all, with or without prior notice.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Affidavit.

Print Full Name

Signature

Date

BACKGROUND & M.V.R. CHECK AUTHORIZATION

In connection with your application and/or employment with Services Acquisition Co. LLC, dba Tank Services, this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for employment purposes. These types of reports may include information as to your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, driving and/or motor vehicle records, social security verification, verification of your education or employment history and other background checks. They may involve interviews with sources such as your neighbors, friends or associates. You have the right to make a request to Tank Services, upon proper identification, to request the nature and substance of all information in its files at the time of request, including sources of information, and the recipients of any reports on me which h Tank Services has previously furnished within the two-year period preceding the request. The scope of this notice and authorization is not limited to the present and, if hired, will continue and allow Tank Services to conduct future screenings for retention, promotion, or reassignment, unless revoked by you in writing. Tank Services also reserves the right to share such reports with a third-party for whom you will be placed to work as a representative of Tank Services, when applicable.

First Name

Middle Name

Last Name

Previous Names Used (within the past 7- years)

Current Street Address

(No P.O. Boxes)

City

State

Zip

County

Length of time at current address: _____

___ / ___ / _____
Date of Birth

Driver's License Number

State

____ - ____ - _____
Social Security Number

Have you ever been convicted of a crime, other than minor traffic offenses?

Yes No

If Yes, complete the following:

Year of Offense

City of Offense

County of Offense

Description of Offense

Print Name

Signature

Date