



IFE NDT, LLC, is an equal opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, age, disability, religion, national origin, military or veteran status, or any other basis protected by applicable law.

Application for Employment

**How did you hear of this opening?
(Please check one)**

Newspaper Ad: _____
 Billboard Ad: _____
 On-Line Ad: _____
 Walk-In: _____
 Other: _____

All newly hired employees of the Company are subject to an introductory period of ninety (90) days from the date of hire. The applicant understands that the satisfactory completion of this evaluation period in no way constitutes an obligation by the Company to continue his/her employment, and that all employees are subject to termination with or without cause as determined solely by the Company in its best interest. This application is considered active for sixty (60) days.

PERSONAL INFORMATION (Please Print or Type) SOCIAL SECURITY #: _____ **Date of Birth:** _____

Legal Name

_____ Last First Middle (Full) Suffix

Have you ever used any other name(s) which is (are) necessary for us to verify your employment or educational record?

No Yes **Name:**

_____ Last First Middle (Full) Suffix

Present Address

_____ Street City State Zip

Please provide your addresses for the last (3) years

Former Address

_____ Street City State Zip

Former Address

_____ Street City State Zip

Phone No. _____ **Cell Phone No.** _____ **Email** _____

Driver's License No. _____ **State** _____ **Expiration Date** _____ **Class/Endorsements (If applicable)** _____

Position Applied For: _____ **Date Available:** _____ **Minimum pay desired** \$ _____ **per** _____

Have you ever been employed by or applied for a position with **IFE NDT, LLC**? Yes No
 If so, what position? _____ Dates of Employment: _____

Are you under any type of agreement that would prevent you from performing the job for which you are applying or for which you are being considered, such as a non-competition, non-disclosure, or non-solicitation agreement? Yes No

Do you have any relatives employed by this Company? Yes No **Name/Relationship:** _____ **Location:** _____

In case of emergency, notify: _____ **Phone Number:** _____

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR COURSES
HIGH SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, did you obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE		Yes <input type="checkbox"/> No <input type="checkbox"/>	
TRADE, BUSINESS, MILITARY OR TECH SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	

PERSONAL REFERENCES (NOT RELATED TO YOU)

Name	Relationship	Occupation	Years Known	Phone

EMPLOYMENT HISTORY**Applicant Name:****SSN:**

Give a complete record of all employment, including military, and reasons for periods of unemployment during the past 10-years. If you have been self-employed, list up to 5 of your major clients. List employers in reverse order starting with the most recent. Add another sheet if necessary. No "see resume" responses will be accepted.

Regulated/CDL - Applicants who will drive a regulated vehicle¹ shall provide (10) ten years' information on those employers for whom the applicant operated such vehicle.

Are you employed now? Yes No May we contact your current employer? Yes No

EMPLOYER INFORMATION		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation? <input type="checkbox"/> YES <input type="checkbox"/> NO Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FROM	TO		
ADDRESS	STARTING SALARY	ENDING SALARY		
CITY	STATE	CHECK BOX AND STATE REASON FOR LEAVING		
PHONE NUMBER	<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN			
CONTACT PERSON	COMMENT			

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CONTACT PERSON	COMMENT			

¹ Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport (15) fifteen or more passengers, or any size vehicle used to transport hazardous material in a quantity requiring Placarding.

JOB SPECIFIC TRAINING (Check all that apply)

- | | | | | |
|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> HAZWOPER | <input type="checkbox"/> Lockout/Tag out | <input type="checkbox"/> Incipient Firefighting | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Water Survival | <input type="checkbox"/> HAZMAT | <input type="checkbox"/> Rigger | <input type="checkbox"/> H2S | <input type="checkbox"/> OHSA |
| <input type="checkbox"/> HAZCOM | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Crane Safety | <input type="checkbox"/> PPE | <input type="checkbox"/> MSHA |
| <input type="checkbox"/> Defensive Driving | <input type="checkbox"/> Blasting/Explosives | <input type="checkbox"/> DOT/CDL | <input type="checkbox"/> Rig Pass | <input type="checkbox"/> Other _____ |

Do you currently possess a Transportation Worker Identification Credential (TWIC)? Yes No

If Yes, Card # _____ Expiration Date: _____

Do you have a legal right to work in the United States? Yes No

Did you serve in the U.S. Armed Forces? Yes No

If Yes, please fill out below: (Copy of DD214 is required)

Date of Entry _____ Date of Discharge _____ Branch _____

Rank at Entry _____ Highest Rank Attained _____ Rank at Discharge _____

Overseas Service ____ Yes ____ No If yes, how long? _____

Description of Duties _____

List any special training that you received _____

- Yes No 1. Have you ever been convicted or adjudicated of a crime (California applicants see below)?
- Yes No 2. Are you currently under any investigation or pending charge?
- Yes No 3. Are you currently awaiting trial for any criminal offense?
- Yes No 4. Have you ever initiated an act of violence in the workplace?
- Yes No 5. Have you ever been sanctioned or had your driver's license suspended or revoked?

California applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

APPLICANT'S STATEMENT AND ACKNOWLEDGMENT

1. I certify that this application was completed by me and that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge.
2. I understand that any misrepresentation or omission of facts called for on this application or during the application process may result in termination of the application process or my dismissal from employment at any time regardless of when the false answer or omission is discovered.
3. I authorize the Company to conduct any necessary investigations or inquiries regarding my background to the extent permitted by federal, state and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
4. I understand that if offered employment, I am to abide by all rules and regulations of the Company.
5. I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause.
6. I understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.
7. I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.
8. I consent to all of the following pre-employment processes, which are required by the Company and I further understand that the offer of employment is contingent upon my successfully completing all of pre-employment testing:
 - a. Motor Vehicle Report (MVR) (review of past driving record)
 - b. Drug screen (DOT and Non-DOT applicants)
 - c. Previous Employer Drug and Alcohol History (DOT applicants, 49 CFR 382.413)
 - d. Physical Examination and Functional Capacity Evaluation (consistent with federal and state law)
 - e. Background Check
9. I agree and understand that this application for employment in no way obligates the Company to employ me.

Print Name

Date Signed

Applicant Signature