



Application for Employment

Applicant Information

Full Name: _____
 Home Address: _____
 Postal Address: _____
 Email Address: _____
 Telephone: _____ Cell: _____

Are you a Citizen of the United States? Yes No
 If no, are you authorized to work in the United States? Yes No
 Have you ever worked for this company in the past? Yes No If so, when? _____

Employment Opportunities

Division of Interest:

Pipeline Condition Assessment Pipeline Maintenance and Cleaning Administration

Date Available: _____ Desired Salary: _____

Position You Are Applying For: _____

Authorization and Signature

I certify that my answers and true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

*I am authorizing ' *S'DjY]bY=bgM/cg @@7. to perform a Background Check, upon my employment.*

Signature: _____ Date: _____



Previous Employment

Company:	Phone:	
Address:	Supervisor:	
Position Held:		
Responsibilities:		
Achievements and/or Recognition:		
Employed From:	Employed To:	
Reason for Leaving?		
May we contact your previous supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company:	Phone:	
Address:	Supervisor:	
Position Held:		
Responsibilities:		
Achievements and/or Recognition:		
Employed From:	Employed To:	
Reason for Leaving?		
May we contact your previous supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Company:	Phone:	
Address:	Supervisor:	
Position Held:		
Responsibilities:		
Achievements and/or Recognition:		
Employed From:	Employed To:	
Reason for Leaving?		
May we contact your previous supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		

References

Name/Position: _____	Phone: _____
Relationship: _____	email: _____
Name/Position: _____	Phone: _____
Relationship: _____	email: _____

Trade Details and Certifications

<u>Qualifications:</u>	<u>License/Registration No.:</u>	<u>Date Issued:</u>	<u>Exp. Date:</u>	<u>Copy Provided:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Vehicle License:</i>				
▪ Class				
▪ Heavy Vehicle				
▪ Car				
▪ Other				
<i>Machine Operator:</i>				
▪ Backhoe				
▪ Excavator				
▪ Forklift				
▪ Front End Loader				
▪ Roller				
▪ Skidsteer Loader				
▪ Dozer				
▪ Vac Truck				
▪ Bucket Machine				
▪ Other				
<i>Certifications:</i>				
▪ Traffic Control				
▪ Confined Space Entry				
▪ SCBA Entry				
▪ CPR First Aid				
▪ HAZWOPER				
▪ NASSCO PACP				
▪ NASSCO MACP				
▪ CWEA [Grade 1-4]				
▪ Other				

Education Details

High School Name: Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To:	
College Name: Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To:	Degree:
Technical/Trade Name: Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From To:	Degree:
Other Name:	From To:	Degree:



Motor Vehicle Report Release Form

By signing this release, I hereby provide my authorization for **360 Pipeline Inspections LLC.** or their independent company representative(s) to procure such information and reports, to evaluate my insurability. I hereby acknowledge that a valid California driver license is a requirement to use the **360 Pipeline Inspections LLC.** fleet vehicles and/or drive any vehicle on behalf of the company.

Employee Signature

Name as it appears on California Driver License

Driver License Number

Date of Birth