

TRIPLE T'S LININGS, LLC

Employment Application



APPLICANT INFORMATION									
Last Name			First			M.I.	Date		
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date of Birth			Social Security No.						
Driver's License Number			State Issued						
Date Available			Desired Salary						
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a misdemeanor?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Describe your attendance record as an employee (how many days have you missed in the last year):									
What languages do you read, speak or write fluently?									
EDUCATION									
High School			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

EMERGENCY CONTACT INFORMATION

Name	Phone
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DISCLAIMER AND SIGNATURE

I certify that my answers are 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

Motor Vehicle Report Consent Form

I _____ give my consent for *Triple T's Linings, LLC* to complete a background check on my previous driving record in accordance with *Triple T's Linings, LLC* Motor Vehicle Record Policy. As part of this procedure, the *Triple T's Linings, LLC* has my permission to order Motor Vehicle Records (MVRs) from any and all states in which I have currently and previously held a drivers license. I understand that *Triple T's Linings, LLC* has an established MVR review program that my driving history will be compared against to determine my driving eligibility. I further understand that failure to release consent for *Triple T's Linings, LLC* to conduct a background check on my previous driving record means, at a minimum, that I forfeit my driving privileges. In the event that I forfeit my driving privileges, I understand that, since my job duties include driving, my duties will be reviewed to determine whether I can continue my position without driving and, if so, which additional non-driving duties the *Triple T's Linings, LLC* will require.

_____(Signature) _____(Date)

Name (exactly as it appears on driver's license): _____

Position: _____

Date of Hire (if employee): _____ Sex: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Applicant Disclosure and Authorization Statement

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with Triple T's Linings, LLC (Triple T's Linings, LLC) and any subsidiary, you may have information requested about you from a consumer reporting agency in connection with your application for employment purposes. This information may be obtained in the form of background reports and/or investigative reports. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by TRIPLE T'S LININGS, LLC, throughout your employment if permissible under applicable TRIPLE T'S LININGS, LLC policy and/or state law.

These reports may contain information about your character, general reputation and/or mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer reports and/or investigative reports, you will have the option to receive a copy of the report from S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (877)671-1933 or by email at customerservice@s2verify.com.

A summary of your rights under the Fair Credit Reporting Act and other applicable state laws can be found at: <http://www.S2Verify.com/Resources.html> or at the hiring site.

Authorization of Background Investigation

I have carefully read, and understand, this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at (<http://www.S2Verify.com/resources.html>) or the office copy provided at the hiring site. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a background reporting agency, such as S2Verify, Inc., to TRIPLE T'S LININGS, LLC and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I understand that if TRIPLE T'S LININGS, LLC hires me, my consent will apply, and TRIPLE T'S LININGS, LLC may obtain background reports throughout my employment if permissible under applicable TRIPLE T'S LININGS, LLC policy.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the background reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, TRIPLE T'S LININGS, LLC.

First Name: _____ Middle Initial _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Date of Birth: _____
Drivers License Number _____ State of Issue _____
Email Address: _____

Office Use Only

Hire: Yes No

Employee ID _____

Start date: _____

Position:

Operator: _____

Truck driver: _____

Field labor: _____

Yard labor: _____

Welder: _____ Rig Pay

Welder helper: _____

Pay rate:

\$ _____ Per. Hour

\$ _____ Salary

Supervisor: _____

Date: _____

OFFICE USE ONLY:

Comments:



Welcome to Triple T's Linings, LLC!!

Your first day of employment will start on _____. You must have all of the requirements listed below in order to begin training.

- Please be at the office before 6:30 a.m. to begin training. **CLASS WILL START AT 6:30!**
- Direct Deposit Information will need to be provided so that we can begin to pay you. Please be sure to bring the **routing and account numbers** for the account(s) you wish to use for your payroll.
- I-9 Documents (Proof of Work Eligibility) will also need to be provided. Typically a driver's license, state issued ID card, or social security card are used. **YOU MUST HAVE (2) FORMS OF ID!**
- Dress code your first day is casual. You will not need your steel toe boots until your second day of employment (You are required to furnish your own steel toe boots).
- You must be **CLEAN SHAVEN** at the beginning of every work day!

Please be aware that we are offering you employment based on the satisfactory results of your background screening and drug testing. Once results are received we reserve the right to terminate employment in the event of a failed test or unfavorable background result.

By signing this letter, you are stating that you understand the information above. If you have any questions between the time you sign this letter and your first day of employment, please do not hesitate to call our office at 575-234-2006. Also, if anything comes up that could possibly delay you being able to start at the above agreed upon date, it is your responsibility to contact the office at the number listed as early as possible.

Again, welcome to the Triple T's Linings team!

Signature

Date