



# Triple T's Linings LLC

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

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 NO

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 NO

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 NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**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