



# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## PERSONAL INFORMATION

Date: \_\_\_\_\_

NAME:

Last

First

Middle

PRESENT ADDRESS:

Street

City

State

ZIP

PERMANENT ADDRESS:

Street

City

State

ZIP

PHONE NO:

Are You 18 Years or Older?

Yes

No

Are you prevented from lawfully becoming employed  
in this country because of visa or immigration status?

Yes

No

## EMPLOYMENT DESIRED

Position

Date You

Can Start:

Salary

Desired:

Are You Employed Now?

If So, May We Inquire

of Your Present Employer?

Yes

No

Ever Applied to this Company Before?

If So, Where?

When?

Referred By:

## EDUCATION

Name & Location of School

No. of Years  
Attended

Did You  
Graduate?

Subjects Studied

Grammar School

High School

College

Trade, Business or  
Correspondence  
School

## GENERAL

Subjects of Special Study or Research Work:

Special Skills:

US Military or

Naval Service?

Rank:

Present Membership in

National Guard or Reserves?

This form complies with the provisions of the Americans with Disabilities Act  
and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(Continued on Sheet 2)

**FORMER EMPLOYERS** (List Below Last Three Employers, Starting with Last One First).

Date Month & Year:	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

**REFERENCES:** Give the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year

Name	Address	Business	Years Acquainted
1			
2			
3			

The following statement applies in Maryland and Massachusetts. (Fill in name of state)

It is unlawful in the state of \_\_\_\_\_ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

\_\_\_\_\_  
Signature of Applicant

In Case of Emergency  
Notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

"I certify that all the information submitted by me on this application is true and complete; and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without notice, at any time by the company"

Date

Signature

**Do Not Write Below This Line**

Interviewed By:

Date:

Remarks:

Neatness:

Ability

Hired: ☐ Yes

☐ No

Position

Dept.

Salary/Wage:

Date Reporting to Work:

Approved:

1

2

3

Employment Manager

Department Head

General Manager

It is Rocky Mountain Fabrication's policy to comply with Equal Employment Opportunity (EEO) laws by making all employment decisions without unlawful regard or consideration of any individual's race; color; religion; sex; age; national origin; ancestry; citizenship; physical or mental disability; medical condition related to a diagnosis of cancer; marital or veteran status; sexual orientation; or other characteristic consideration of which is prohibited by law.

## **Employee Consent To Test For Controlled Substances (Drugs) and/or Alcohol – CONFIDENTIAL**

---

Employee Name (please print)

---

Social Security Number

I hereby voluntarily consent to a test(s) to be conducted by Company designated physicians and/or appropriate medical personnel contracted to perform this service by the Company. I voluntarily consent specifically to the taking of samples of my blood, urine, breath and any other samples for testing to determine the presence of drugs and/or alcohol in my system. I voluntarily authorize the release of medical information concerning the results of tests to Company supervisors and management who will determine if I am in compliance with Company work rules and policies on drug and/or alcohol. I understand that I am entitled to a copy of this authorization. I also understand that refusal by me to sign this consent will be cause for discharge. I further agree to hold the Company, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for drugs and/or alcohol content. This authorization shall remain valid at all times during the period of my employment.

---

Employee Signature

---

Date

---

Company Rep. Signature

---

## **Employee Refusal To Consent To Test For Controlled Substances (Drugs) and/or Alcohol**

I decline to authorize the Company to perform test(s) for drugs and/or alcohol or the release of results to Company supervisors and management. I understand that I am entitled to a copy of this refusal. I also understand that refusal by me to sign this consent will be cause for discharge.

---

Employee Signature

---

Date

---

Company Rep. Signature



## EMPLOYEE ACKNOWLEDGEMENT FORM

### **Hazard Communication Program Employee Acknowledgement**

This is to acknowledge that I have received RMF Tank Services' Orientation Training regarding hazardous materials, which I may reasonably expect to encounter at the jobsite. I am aware that a copy of RMF's written Hazard Communication Program and copies of relevant Material Safety Data Sheets are available for my examination on the jobsite. I am aware that I have the right to personally receive information regarding hazardous substances to which I may be exposed and that my physician may also have the information. I am aware that I have the right against discharge or other discrimination due to exercise of any rights afforded pursuant to the provisions of the Hazardous Substances Information and Training Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **RMF Safety Program Employee Acknowledgement**

I hereby acknowledge I have received training in the provisions of the RMF Field and Injury Prevention Plan (FIIPP) including the Code of Safe Practice. I understand a copy of the FIIPP is available at the jobsite and a copy of the Code of Safe Practice will be posted on the jobsite bulletin board. I agree to abide by these provisions while employed by RMF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **RMF Alcohol and Drug Policy Employee Acknowledgement**

This is to acknowledge that I am aware of RMF Tank Services' Alcohol and Drug Policy and that I agree to abide by the provisions of that policy. I am aware that my abiding by that policy is a condition of my employment with RMF Tank Services and that the policy may from time to time require testing for drug and/or alcohol abuse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date