



## Application for Employment

All applicants will receive consideration without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-disqualifying disability, or any other legally protected status.

### EXPEDITORS & PRODUCTION SERVICES CO., INC.

This application is valid for only 45 days.  
To be considered for employment after that time this application must be renewed in writing.

DATE OF APPLICATION \_\_\_\_\_

<b>POSITION APPLIED FOR</b>	_____			<b>LOCATION</b>	_____			
<b>P E R S O N A L</b>	Last Name _____		First Name _____		Middle Name _____			
	Mailing Address _____						Phone _____	
	City _____		State _____		Zip code _____		Home _____	
	Street Address (If different than mailing address) _____						Cell _____	
	City _____		State _____		Zip code _____		Business _____	
	Email Address: _____						Ext.# _____	
	Are you legally authorized to work in the U.S. on an unrestricted basis? (Proof of U.S. citizenship or legal work authorization will be required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No						May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No						Best time to call? Anytime <input type="checkbox"/>	
	Do you have relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No						Before _____	
	Name: _____ Relationship: _____						After _____	
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, please explain: _____								
<b>E D U C A T I O N</b>	<b>SCHOOL</b>	NAME & LOCATION OF SCHOOL		MAJOR / MINOR	No. of yrs. completed	GPA	Degree or Certification	
	High School						Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
	College							
	Vocational							
<b>A R M E D F O R C E S</b>	Have you ever served in the U.S Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			Branch of Service: _____				
	Specialized Training: _____			Rank at Discharge: _____				
<b>W O R K I N F O</b>	Type of employment desired: (Check all that apply) <input type="checkbox"/> Full-time Work <input type="checkbox"/> Part-time Work <input type="checkbox"/> Temporary <input type="checkbox"/> Summer School Break <input type="checkbox"/> Educational Co-op							
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what Month/Year? _____							
	Have you ever worked with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what Month/Year? _____							
	Are you able to meet the attendance requirement of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Will you travel out of town if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Will you relocate if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you on lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No			What hourly wage do you require? _____				
	Will you work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work? _____				

**EMPLOYMENT, FILL IN ALL SECTIONS. DO NOT STATE "SEE RESUME"!**

Please give accurate and complete full-time employment data for at least the last 3 years. **Start with your current or most recent employer.**

<b>C U R R E N T E M P L O Y E R</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Job Title		Dates Employed From: (Mo/Day/Yr) _____ To: (Mo/Day/Yr) _____
Job Duties		Hourly Rate (or) Salary Starting \$ _____ Ending \$ _____	
			Reason for Leaving
<b>2</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Job Title		Dates Employed From: (Mo/Day/Yr) _____ To: (Mo/Day/Yr) _____
Job Duties		Hourly Rate (or) Salary Starting \$ _____ Ending \$ _____	
			Reason for Leaving
<b>3</b>	Company Name		Telephone (Include Area code)
	Street or P.O.Box	City	State/Zip Code
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Supervisor's Name	Supervisor's Title	
	Job Title		Dates Employed From: (Mo/Day/Yr) _____ To: (Mo/Day/Yr) _____
Job Duties		Hourly Rate (or) Salary Starting \$ _____ Ending \$ _____	
			Reason for Leaving
<b>C E R T I F I C A T I O N S</b>	Please mark which Certifications you currently have.		Please list any other certifications you have:  _____ _____ _____ _____ _____
	_____ API Crane (8 hour) _____ API Rigging (8 hour) _____ Boating Safety _____ Water Survival / HUET _____ First Aid, CPR, AED _____ T-2/Sub-Part O _____ H2S/Fit Test _____ Forklift	_____ Incipient Firefighting/Fire Watch _____ HAZWOPER/HAZMAT _____ SafeGulf/SafeLand/PEC _____ Air Monitoring/Gas Detection _____ Fall Protection, User Rescue _____ TWIC Card _____ Confined Space _____ SEMS/SEMS II	

**APPLICANT'S CERTIFICATION & AGREEMENT**

I certify that all information provided on this application and any accompanying forms is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts in this application or interview(s) is cause for not considering me further for this or any other job and dismissal if falsified information is discovered after employment. I authorize investigation of all statements contained in this application and I authorize you to contact any and all of my previous employers. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without previous notice and that no representative of this company has the authority to make assurances to the contrary. I understand that the job duties and responsibilities, and hours of work may change as business conditions warrant. I also understand that as a condition of my employment, I may be required to pass an employment physical and/or a drug test, and that if employed, I understand that I may at any time be required to submit to a job related physical, urinalysis, drug and/or alcohol tests, and/or other examination or search as a condition of my continued employment. My typed signature, if this is an electronic submission, shall be considered a valid signature.

Signature

Date