



Personal Information				
<b>Name:</b>				
First	M.I.	Last		
<b>Address:</b>				
Street	City	State	Zip	
<b>Home Phone #</b>		<b>Mobile Phone #</b>		
<b>Email</b>		<b>Date of Application</b>		
Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(All new hires will be required to provide proof of eligibility to work in the U.S.)</small>		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony or misdemeanor which resulted in imprisonment within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Note: Such convictions are not an automatic bar to employment. All circumstances will be considered.)</small>				
If you have been convicted, please provide an explanation of all relevant circumstances:				
Have you ever been terminated by an employer or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide company names and details:				
Can you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what type? Issued by the state of _____		
		Can you drive a standard truck? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the essential functions of the job for which you are applying, with/without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employment Desired				
<b>Position Sought</b>		<b>Available Start Date</b>		
<b>Desired Pay Range</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Annually		<b>Are you Currently Employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral Source				
How did you hear about us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Advertisement <input type="checkbox"/> Referral <input type="checkbox"/> Other _____				
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?		
Do you know anyone who works for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?		
Education				
	Name and Location	# of years attended	Degree Received	Subjects Studied/Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment History

**Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.***

Company		Job Title		
Address		Dates of Employment	From	To
		Salary	Starting	Ending
Supervisor Name and Title		Telephone #		
Responsibilities				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company		Job Title		
Address		Dates of Employment	From	To
		Salary	Starting	Ending
Supervisor Name and Title		Telephone #		
Responsibilities				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company		Job Title		
Address		Dates of Employment	From	To
		Salary	Starting	Ending
Supervisor Name and Title		Telephone #		
Responsibilities				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company		Job Title		
Address		Dates of Employment	From	To
		Salary	Starting	Ending
Supervisor Name and Title		Telephone #		
Responsibilities				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.				
Computer Skills (please describe):				

**Military Service**

Branch	Total Years of Service	Rank at Discharge
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**References**

**Give the names of three persons not related to you, whom you have known at least three (3) years.**

Name	Address/Phone/Email	Company	Years Acquainted

**PLEASE READ CAREFULLY BEFORE SIGNING**

U.S. Submergent Technologies, LLC is an equal opportunity employer. U.S. Submergent Technologies, LLC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for U.S. Submergent Technologies, LLC to hire me. If I am hired, I understand that either U.S. Submergent Technologies, LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of U.S. Submergent Technologies, LLC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to U.S. Submergent Technologies, LLC true and complete information on this application. No requested information has been concealed. I authorize U.S. Submergent Technologies, LLC to contact references provided for personal and employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

If necessary for employment, I understand that I may be required to: supply proof of authorization to work in the United States, have a physical examination, submit to a drug/alcohol test and/or sign a noncompetition and nondisclosure agreement (and abide by the terms of each of these items/programs as shown in the U.S. Submergent Technologies, LLC employee handbook).

**Signature**

Signature	Print Name	Date
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**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**