



# Texas Internal Pipe Coating, LLC Employment Application

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address								
Name (First, MI, Last)				Telephone				
Mailing Address								
City, State, Zip Code								
If under 18, please list age				Email				
Job Type								
Days/hours available to work								
<input type="radio"/> I have no preference	<input type="radio"/> Mon	<input type="radio"/> Tues	<input type="radio"/> Wed	<input type="radio"/> Thurs	<input type="radio"/> Fri	<input type="radio"/> Sat	<input type="radio"/> Sun	
I am seeking a:		<input type="checkbox"/> Full-time job	<input type="checkbox"/> Part-time job			<input type="checkbox"/> Full or Part-time		
How many hours can you work weekly?			Are you available to work any shift?			Date available to begin		
Position applying for:						Desired hourly/salary:		
Additional Information								
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I certify that I am legally authorized to work in the United States.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of, or entered a plea of guilty, no contest, to a felony						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, please explain:								
Military								
Have you ever been in the Armed Forces?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered		
Are you now a member of the National Guard?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date		
Speciality								

*Education*

<i>School</i>	<i>Location</i>	<i>Years Completed</i>	<i>Major</i>	<i>Degree or Diploma</i>
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*High School*


*College or Business/Trade School*


*Work Experience*

*Please list All work experience beginning with your most recent job held. Attach additional sheets if necessary.*

<i>Company</i>	<i>Name of last Supervisor</i>	<i>Hrs/Week</i>
<i>Address</i>	<i>Start Date</i>	<i>Starting Salary</i>
<i>City, State, and Zip Code</i>	<i>End Date</i>	<i>Final Salary</i>
<i>Phone number</i>	<i>Your last job title</i>	

*Reason for leaving (be specific)*

*List the duties performed, skills used or learned, advancements or promotions while you worked at this company.*

*May we contact this employer?*       *Yes*       *No*

<i>Company</i>	<i>Name of last supervisor</i>	<i>Hrs/Week</i>
<i>Address</i>	<i>Start Date</i>	<i>Starting Salary</i>
<i>City, State, and Zip Code</i>	<i>End Date</i>	<i>Final Salary</i>
<i>Phone number</i>	<i>Your last job title</i>	

*Reason for leaving (be specific)*

*List the duties performed, skills used or learned, advancements or promotions while you worked at this company.*

*May we contact this employer?*       *Yes*       *No*

**Work Experience Continued**

Please list All work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the duties performed, skill used or learned, advancements or promotions while you worked at this company.

May we contact this employer?  Yes  No

**References**

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

Full Name	Relationship	Phone Number	Email
1.			
2.			
3.			
4.			

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature:	Date
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