

*It is the policy of SR Trident, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.*

PLEASE PRINT AND COMPLETE ALL PAGES.

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
                                LAST                                FIRST                                MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
                                NUMBER                                STREET                                CITY                                STATE                                ZIP

TELEPHONE (    ) \_\_\_\_\_ - \_\_\_\_\_ IF UNDER 18, PLEASE LIST AGE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ AND SALARY DESIRED \_\_\_\_\_

EMPLOYMENT DESIRED     FULL-TIME ONLY     PART-TIME ONLY     FULL-OR PART-TIME

HOW MANY HOURS CAN YOU WORK WEEKLY? \_\_\_\_\_ CAN YOU WORK NIGHTS?  YES  NO WEEKENDS?  YES  NO

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				

DO YOU HAVE A DRIVER'S LICENSE?  YES  NO WHAT IS YOUR MEANS OF TRANSPORATION TO WORK? \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

OPERATOR     COMMERCIAL (CDL)

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS?                    HOW MANY? \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS?                    HOW MANY? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  YES  NO

IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE OF REHABILITATION.


PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS	
NAME	NAME
POSITION	POSITION
COMPANY	COMPANY
ADDRESS	ADDRESS
TELEPHONE ( ) -	TELEPHONE ( ) -

HAVE YOU EVER BEEN IN THE ARMED FORCES?  YES  NO ARE YOU PRESENTLY A MEMBER?  YES  NO

SPECIALTY \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_

PLEASE LIST YOUR PREVIOUS WORK EXPERIENCE BEGINNING WITH YOUR MOST RECENT JOB HELD.			
NAME OF EMPLOYER	NAME OF SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
ADDRESS		FROM:	START:
CITY, ST, ZIP		TO:	FINAL:
TELEPHONE	YOUR LAST JOB TITLE:		
REASON FOR LEAVING:			
LIST JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.			

PLEASE LIST YOUR PREVIOUS WORK EXPERIENCE BEGINNING WITH YOUR MOST RECENT JOB HELD.			
NAME OF EMPLOYER	NAME OF SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
ADDRESS		FROM:	START:
CITY, ST, ZIP		TO:	FINAL:
TELEPHONE	YOUR LAST JOB TITLE:		
REASON FOR LEAVING:			
LIST JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.			

MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

**TRAINING & CERTIFICATIONS**

PLEASE CHECK ALL THAT APPLY:

**SAFETY COURSES COMPLETED**

	EXPIRATION DATE
<input type="checkbox"/> BC – BASIC SAFETY	_____
<input type="checkbox"/> MRSEC – MARSEC	_____
<input type="checkbox"/> OI – OXY CHEM SITE	_____
<input type="checkbox"/> CO – CHEMOURS SITE	_____
<input type="checkbox"/> VSS01 – VOESTALPINE SITE	_____
<input type="checkbox"/> BZ – BENZENE	_____
<input type="checkbox"/> FW – FIRE WATCH	_____
<input type="checkbox"/> CS – CONFINED SPACE	_____

**CERTIFICATIONS:**

**EXPIRATION DATE**

TWIC CARD \_\_\_\_\_

**OTHER SAFETY COURSES AND/OR CERTIFICATIONS:**

**Applicant Certification**

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize SR Trident, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I hereby acknowledge that I have been fully advised that any job offer made and continued employment will be conditioned upon the successful completion of the following items:

- **Drug Test** – If I fail or refuse to submit to such tests within 24 hours of request, I will not be further considered or employed. I also acknowledge that upon employment, I will be requested to drug test on a random basis. My failure to pass or submit will result in immediate dismissal.
- **Criminal Background Check** – If I fail to satisfy the required criteria, any offer of employment heretofore made will be rescinded or if already employed I will be discharged.
- **Motor Vehicle Records Check** – If I am offered a position that requires the use of a company vehicle, my Motor Vehicle records will be checked. If I fail to satisfy the required criteria, any offer of employment heretofore made will be rescinded or if already employed I will be discharged.

I also understand that I will be held financially responsible for the cost of any safety classes, client required certifications and the initial and/or renewal cost of a TWIC card should I leave employment for any reason (with the exception of layoff) prior to six months of the date of training and/or the issuance of the TWIC card and I understand I must return all badges and uniforms provided or the cost of these items will be deducted from my final paycheck.

In consideration of my employment, I agree to conform to the rules and regulations of SR Trident, Inc. and that my employment is at will, which means that it can be terminated, with or without cause, and with or without notice, at any time, at either my option or the company’s option. I understand that no employee, manager, or other agent of SRTrident, Inc. other than the Chief Executive Officer of SR Trident, Inc. has any authority to amend the foregoing. Any such agreement or amendment must be in writing and signed by the Chief Executive Officer.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Print: First, Middle, Last

Applicant’s Signature

Date