

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Date _____

Name _____ Social Security # _____

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone No _____ Are you 18 years or older? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No Explain _____

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? _____ Yes _____ No

EMPLOYMENT DESIRED

Position _____ Start Date _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you applied to this company before? _____ Where? _____ When? _____

Referred by _____

Where did you hear about this position? _____ TWC Website _____ Newspaper _____ Other

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 _____

Activities(Civic, Athletic, Etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. Military or Naval Service _____ Rank _____

Present Membership in National Guard or Reserves _____

FORMER EMPLOYMENT

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
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Which of these jobs did you like the best? _____

What did you like most about the job? _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Years Acquainted</u>
1. _____			
2. _____			
3. _____			

In case of emergency

Notify _____	Name	Address	Phone No.
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"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 cause, and with or without notice, at any time by the company.

I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date _____ Signature _____

NOTICE:

TEXAS HEAT TREATING, INC. IS A DRUG-FREE WORKPLACE. IF YOU USE DRUGS, DO NOT APPLY!

APPLICANT CERTIFICATION

I certify that the information provided in this application for employment is true, correct and complete. I understand that any false statement or omission may disqualify me from consideration for employment, and, if I am employed, any misstatement or omission of fact may result in my dismissal.

I hereby release and authorize the company and its agent to verify, inspect, copy and obtain records pertaining to the information I have provided in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising therefrom.

I understand and agree that:

- Business needs may at times make the following conditions mandatory: overtime, shift work, shift changes, rotating work schedule, or weekend work schedules. I accept these as conditions of continuing employment.
- If employed, I will agree not to divulge any confidential information I have gained and to protect the company's confidential information.
- This application for employment and any attachment(s) are the property of the company and will become part of my personnel file if I am hired.
- If employed by Texas Heat Treating, Inc., I agree to abide by its rules and regulations. Further, I understand and agree that employment is at will and may be terminated at any time, with or without cause or reason and with or without notice. This application cannot be construed as a contract or as a guarantee of employment or continued employment and no agreement to the contrary will be effective.

As a condition of employment with Texas Heat Treating, Inc., I understand I must sign the company's Employment Agreement, pass a drug screen and have satisfactory results on a criminal background check.

I agree and acknowledge that the terms and conditions of employment cannot be changed except by a written document.

Texas Heat Treating, Inc. has reserved the right to administer drug screening procedures for cause or upon reasonable suspicion. I consent to participation in any such program(s) and I understand and agree that the company may take disciplinary action up to and including termination of employment for failure to pass or refusal to take a drug screen.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT.

Signature of applicant	Date
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Texas Heat Treating, Inc. requires all individuals applying to perform a safety-sensitive function to undergo pre-employment testing to determine the presence of marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines, or a metabolite of those drugs in an individual's system.

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by DOT agency drug and alcohol testing rules during the past two years? ☐ Yes ☐ No

Texas Hat Treating, Inc.
Pre-Employment Notification & Acknowledgement

I understand and acknowledge that I will be required to undergo a DOT/FAA pre-employment drug test for the following prohibited drug (as defined in 49 CFR § 40.85) prior to being hired or transferred into a Department of Transportation (DOT) safety-sensitive position as defined in 14 CFR part 120¹:

- Marijuana,
- Cocaine,
- Opioids,
- Phencyclidine (PCP), and
- Amphetamines.

(Print Name)

(Signature)

(Date)

The Department of Transportation's (DOT's) Procedural regulation, 49 CFR part 40, § 40.25(j), requires an employer to ask: Have you previously had a verified positive pre-employment drug test, or refused to submit to a pre-employment drug or alcohol test administered by a DOT employer to which you applied and did not obtain employment?

- ☐ NO - If no, sign below.
- ☐ YES - If yes, did you complete the DOT return-to-duty procedures described in 49 CFR part 40, Subpart O, including the initial/follow-up evaluation with a qualified Substance Abuse Professional (SAP), education and treatment, return-to-duty and follow-up testing? Please indicate your response and explanation below:

☐ YES; please explain: _____

☐ NO; please explain: _____

(Print Name)

(Signature)

(Date)

¹ A safety-sensitive function, as described in 14 CFR part 120, §§ 120.105 and 120.215, includes a flight crewmember, flight attendant, flight instructor, aircraft dispatcher, aircraft maintenance or preventive maintenance, ground security coordinator, aviation screener, air traffic controller, and operations control specialist.