
Sanco Pipelines, Inc.

Employment Application

An Equal Opportunity Employer

Please Print

Date _____ Last Name _____ First Name _____ Middle _____
Present Address _____
No. & Street _____ City _____ State _____ Zip _____
Permanent Address (if different from present address) _____
No. & Street _____ City _____ State _____ Zip _____
() - () -
Business Phone Home Phone
Drivers License Number _____ Social Security Number _____

Employment Desired

Position applying for: _____

Are you currently a union member _____ If yes, what union? _____

Personal Information

Have you ever applied to or worked for Sanco Pipelines, Inc. before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Sanco Pipelines, Inc? Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Sanco Pipelines?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer	() -	Telephone No.
Type of Business	Your Supervisor's Name	
Address & Street	City	State Zip
Dates of Employment: From To	Weekly Pay: Starting	Ending
Your Position and Duties		
Reason for Leaving		
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer	() -	Telephone No.
Type of Business	Your Supervisor's Name	
Address & Street	City	State Zip
Dates of Employment: From To	Weekly Pay: Starting	Ending
Your Position and Duties		
Reason for Leaving		
May we contact this employer for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Attach additional page(s) if necessary.

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Sanco Pipelines, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Initials I understand that I must take and pass a drug and/or alcohol test in order to be considered for employment. Failing to pass will result in ineligibility for employment.

Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Date

Applicant's Signature

It is our policy and intent to provide equal opportunity to all persons without regard to race, color, religion, sex, pregnancy, marital status, sexual orientation, age, nation origin, disability, or medical condition as defined in state and federal laws. This policy covers all facets of employment including, but not limited to: recruitment, selection, placement, promotions, transfers, demotions, terminations, training, compensation, and all aspects of employment.
