



# EMPLOYMENT APPLICATION

## United Pumping Services United Storm Water

14000 E Valley Blvd  
City of Industry CA 91746  
(626) 961-9326

*United is an Equal Opportunity Employer. All qualified applicants will receive consideration for **employment** without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.*

# EMPLOYMENT APPLICATION



APPLICANT NAME: FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

POSITION YOU ARE APPLYING FOR: \_\_\_\_\_

WHEN CAN YOU START? \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ RATE OF PAY EXPECTED: \$ \_\_\_\_\_  YEAR  HOUR

HAVE YOU WORKED FOR UNITED IN THE PAST?  YES  NO IF YES, PROVIDE DATES: \_\_\_\_\_

NAMES OF FAMILY/ RELATIVES/ FRIENDS WORKING AT UNITED: \_\_\_\_\_

HOW DID YOU HEAR ABOUT UNITED? \_\_\_\_\_

## TO ALL APPLICANTS FOR EMPLOYMENT, YOU MUST POSSES THE FOLLOWING:

<b>Please check the appropriate box.</b>	<b>Yes</b>	<b>No</b>
THE ABILITY TO READ, SPEAK, AND UNDERSTAND ENGLISH.	<input type="checkbox"/>	<input type="checkbox"/>
A VALID DRIVER'S LICENSE	<input type="checkbox"/>	<input type="checkbox"/>
A HIGH SCHOOL DIPLOMA OR GED. (An exception may be made if you do not have either of these)	<input type="checkbox"/>	<input type="checkbox"/>
DOCUMENTATION THAT PROVES YOU ARE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES	<input type="checkbox"/>	<input type="checkbox"/>

## CURRENT ADDRESS

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## CONTACT INFORMATION

E-MAIL ADDRESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_

CAN YOU PROVIDE PROOF TO WORK IN THE UNITED STATES?  YES  NO

ARE YOU 18 YEARS OLD OR OLDER?  YES  NO

ARE YOU CURRENTLY EMPLOYED:  YES  NO

HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE?  
WHEN? \_\_\_\_\_  YES  NO

CAN YOU WORK ON WEEKENDS?  YES  NO

ARE YOU AVAILABLE TO WORK OVERTIME, IF NECESSARY?  YES  NO

# EMPLOYMENT APPLICATION



APPLICANT'S NAME: FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST: \_\_\_\_\_

**Important Notice:** This is a very significant document. You should be very careful as you complete it. Answer each item accurately and completely. Failure to do so may result in you not being considered for the position or in your termination from the company if inaccurate or omitted information is discovered after your employment has begun. This application is null and void after a period of six (6) months from the date you filled out this form.

**FORMER EMPLOYERS:** List all employers for the past 10 years starting with your most recent employer. Complete even if you are including a resume.

**1.EMPLOYER'S NAME:**

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES OF EMPLOYMENT: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER  YES  NO

NAME & TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EXACT REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

**2.EMPLOYER'S NAME:**

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES OF EMPLOYMENT: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER  YES  NO

NAME & TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EXACT REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

**3.EMPLOYER'S NAME:**

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES OF EMPLOYMENT: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER  YES  NO

NAME & TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EXACT REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

**4.EMPLOYER'S NAME:**

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATES OF EMPLOYMENT: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER  YES  NO

NAME & TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EXACT REASON FOR LEAVING: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

# EMPLOYMENT APPLICATION



## 5.EMPLOYER'S NAME:

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STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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DATES OF EMPLOYMENT: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

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JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER  YES  NO

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NAME & TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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EXACT REASON FOR LEAVING: \_\_\_\_\_

---

DESCRIPTION OF WORK: \_\_\_\_\_

## 6.EMPLOYER'S NAME:

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STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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DATES OF EMPLOYMENT: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

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JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER  YES  NO

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NAME & TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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EXACT REASON FOR LEAVING: \_\_\_\_\_

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DESCRIPTION OF WORK: \_\_\_\_\_

## 7.EMPLOYER'S NAME:

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STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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DATES OF EMPLOYMENT: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

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JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER  YES  NO

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NAME & TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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EXACT REASON FOR LEAVING: \_\_\_\_\_

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DESCRIPTION OF WORK: \_\_\_\_\_

## 8.EMPLOYER'S NAME:

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STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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DATES OF EMPLOYMENT: START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

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JOB TITLE: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER  YES  NO

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NAME & TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

---

EXACT REASON FOR LEAVING: \_\_\_\_\_

---

DESCRIPTION OF WORK: \_\_\_\_\_

# EMPLOYMENT APPLICATION



## UNEMPLOYMENT HISTORY: List all gaps in your work history.

Please account for any time you were not employed in the last 10 years. You need not list any unemployment periods of one (1) month or less.

TIME PERIOD	REASON(S) UNEMPLOYED

## REFERENCES

Give the names of three **work-related** references that you have known for at least one year. Please do not list relatives

NAME	PHONE NUMBER	EMAIL ADDRESS	YEARS ACQUAINTED	HOW DO YOU KNOW THIS PERSON?

## EDUCATION: All education is subject to verification.

SCHOOL LEVEL	NAME, CITY, STATE	# OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE/MAJOR:
HIGH SCHOOL:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE SCHOOLS:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

## MISCELLANEOUS

SPECIAL TRAINING: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

DO YOU HAVE COMMITMENTS TO ANOTHER ENTITY, BUSINESS OR PERSON THAT MIGHT AFFECT YOUR EMPLOYMENT WITH OUR COMPANY?  YES  NO

EXPLAIN FULLY: \_\_\_\_\_

## PERFORMANCE OF JOB RELATED FUNCTIONS

DO YOU TAKE ILLEGAL DRUGS?  YES  NO

IF "YES" FULLY EXPLAIN: \_\_\_\_\_

IS THERE ANY REASON WHY YOU WOULD NOT BE ABLE TO CONFORM TO ALL ATTENDANCE REQUIREMENTS?  YES  NO

IF "YES" FULLY EXPLAIN \_\_\_\_\_

# EMPLOYMENT APPLICATION



## SERVICE RECORD

U.S. MILITARY OR NAVAL SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?  YES  NO DATE OBLIGATION ENDS: \_\_\_\_\_

RELEVANT SKILLS ACQUIRED DURING MILITARY SERVICE: \_\_\_\_\_

## IMPORTANT AUTHORIZATIONS

Please read carefully and initial each paragraph before signing your employment application form.

I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration of employment, and will be justification for my dismissal from employment, if discovered at a later date.

Initials: \_\_\_\_\_

I agree to immediately notify the company's Human Resources department if I should be convicted of any crime while my job application is pending or during my employment, if hired.

Initials: \_\_\_\_\_

I authorize the investigation of all statements contained in this application, and resume if any, and further authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form and resume, if any, to provide the Company with records, information and opinions that may be useful making a hiring decision. I release all information from all liability and any damage that may result from furnishing information and opinions which are truthful or made in good faith to you.

Initials: \_\_\_\_\_

I understand that all employment and offers of employment are contingent on my passing a drug/alcohol screen, background check, medical exam and reference check. I further understand that drug/alcohol screen, background check and medical exam will commence after I have received a conditional offer of employment via letter or email.

Initials: \_\_\_\_\_

If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, and policies and procedures of the Company.

Initials: \_\_\_\_\_

## AGREEMENT FOR AT-WILL EMPLOYMENT

If I become employed by the Company, I acknowledge that my employment is "at-will" and for no specific duration of time. I further acknowledge that this document is not an employment contract nor a promise of continued employment. Either myself or the Company may terminate my employment at any time, with or without cause or prior notice. My employment "at-will" status cannot be changed except in writing and signed by the President of the Company. I understand and acknowledge that this constitutes the entire agreement between the Company and me regarding the terms of my employment and supersedes either oral or written agreements.

Initials: \_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application of Employment are true and complete. I understand that if I am employed, and if at anytime it is discovered that the information contained in this form, or any attached resume, was falsified either by false statements, omissions or misrepresentations, it may result in my immediate termination of employment.

United is an Equal Opportunity Employer. United does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any candidate's consideration for employment on a basis prohibited by local, state or federal law.

I understand that employment with United Pumping Service or United Storm Water is "at-will," which means either I or the company can terminate the employment relationship at any time, with or without prior notice, reason or cause. I also agree to abide by the rules and regulations of United Pumping or United Storm Water as amended from time to time.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## VOLUNTARY PRE-EMPLOYMENT INQUIRY

The following information, if provided, will be used only for Affirmative Action tracking purposes. If you provide the following information, it is purely voluntary on your part, and, if you are hired, it will not become part of your permanent employment record.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

HOW DID YOU HEAR OF THIS POSITION? \_\_\_\_\_

## FOR EQUAL EMPLOYMENT OPPORTUNITY (EEO) IDENTIFICATION PURPOSES

Please check the appropriate response:

### 1. WHAT IS YOUR ETHNIC ORIGIN?

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> ALASKAN<br>NATIVE            | <input type="checkbox"/> AMERICAN<br>INDIAN                     | <input type="checkbox"/> ASIAN                | <input type="checkbox"/> BLACK OR AFR-<br>CAN AMERICAN |
| <input type="checkbox"/> HISPANIC OR<br>LATINO        | <input type="checkbox"/> NATIVE HAWAIIAN OR<br>PACIFIC ISLANDER | <input type="checkbox"/> TWO OR MORE<br>RACES | <input type="checkbox"/> WHITE                         |
| <input type="checkbox"/> DECLINE TO SELF-<br>IDENTIFY |   |   |  |

### 2. WHAT IS YOUR GENDER?

- FEMALE     MALE

## VETERAN STATUS

If you are a Veteran, please check all that apply:

- Disabled Veteran:** means (i) A Veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (ii) A person who was discharged or released from active duty because of a service-connected disability.
- Other protected Veteran:** means a Veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed forces service medal Veteran:** means a Veteran who, while serving on active duty in the US military, ground, naval or air services, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
- Recently separated Veteran:** means a Veteran during the three-year period beginning on the date of such Veteran's discharge or release from active duty in the US military, ground, naval or air service. Enter your release or discharge date here: \_\_\_\_\_
- Other Veteran or ex-military service member.

## DISABILITY

A "disabled individual" means any person who has a physical condition or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

Using the definition as stated above, please check the box to identify yourself as a disabled individual or not disabled.     YES I AM DISABLED     NO I AM NOT DISABLED

For office use only. Do not write below this line

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## EEO JOB GROUP

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Executive/Sr level officers &<br>managers (1.1) | <input type="checkbox"/> Technicians (3)                       | <input type="checkbox"/> Craft workers (6) | <input type="checkbox"/> Service workers (9) |
| <input type="checkbox"/> First/mid level officials &<br>managers (1.2)   | <input type="checkbox"/> Sales workers (4)                     | <input type="checkbox"/> Operatives (7)    |  |
| <input type="checkbox"/> Professionals (2)                               | <input type="checkbox"/> Administrative support<br>workers (5) | <input type="checkbox"/> Laborers (8)      |  |