



Application for Employment



Drivers/Technicians

United Pumping Service, Inc./United Storm Water, Inc.

14000 E. Valley Blvd * City of Industry, CA 91746

Phone - (626) 961-9326 * Fax - (626) 363-1054

Applicant: Please read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.21 & 391.23 of the Federal Motor Carrier Safety Regulations

Signature of Applicant

Application Date

Position Applying For: _____

Name: _____
Last First Middle

Social Security Number

Present Address: _____
No. & Street City State Zip

Contact Information
_____ Home Phone Cellular/Pager Fax

If the above residence is less than **three (3) years**, please list below all residences for the past three years.

No. & Street City State Zip

No. & Street City State Zip

Who referred you? _____ Rate of Pay Expected? _____

Have you worked for this company before? _____ Dates _____

Names of relatives or friends employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Employment History

Please list below all present and past employment starting with your most recent employer, including military experience. Account for all periods of unemployment.

All Driver and Technician applicants MUST provide the following information for the previous **three (3) years**. Please list complete mailing address and telephone number. Applicants who are to drive a commercial motor vehicle, intrastate or interstate, shall also provide an additional **seven (7) years** of information on past employers for whom the applicant operated such a vehicle.

You must complete this section even if attaching a resume.

Name of Employer		Telephone No.			
Address & Street	City	State	Zip		
Your Position and Duties					
Date of Employment :	From	To	Salary:	Starting	Ending
Reason for Leaving					

Name of Employer		Telephone No.			
Address & Street	City	State	Zip		
Your Position and Duties					
Date of Employment :	From	To	Salary:	Starting	Ending
Reason for Leaving					

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Address & Street	City	State	Zip		
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Reason for Leaving					

Name of Employer		Telephone No.			
Address & Street	City	State	Zip		
Your Position and Duties					
Date of Employment :	From	To	Salary:	Starting	Ending
Reason for Leaving					

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Hazmat Training	Yes	No	Date
OSHA 1910.120 Operational Level 40 Hour Training (Technician Level)			
OSHA 1910.120 Operational Level 24 Hour Training (Driver Level)			
OSHA 1910.120 Update Training 8 Hours			
CPR & First Aid Training			
Supervisors Training Hazwopper			

Skills:

Licenses

Driver licenses held in past three years must be shown	State	License No.	Type	Expiration Date

- A. Have you ever been **denied** a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been **suspended or revoked**? Yes No
- C. Have you ever been **disqualified** for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "yes" to A, B, C, attach a statement giving details.

Accident Review for past **three (3) years** (Attach a separate sheet of paper if more space is needed)

If not applicable please indicate (N/A)

Dates	Nature of Accident	Charge Fatalities	Penalties Injuries
Last incident			
Next previous			
Next previous			

Violations/Citations Review for past **three (3) years** (Attach a separate sheet of paper if more space is needed)

If not applicable please indicate (N/A)

Dates	Nature of Violation	Charge Fatalities	Penalties Injuries
Last incident			
Next previous			
Next previous			

EXPERIENCE

Class of Equipment	Yes No		Date		Employer	
	(Check One)		From	To		
Backhoe						
Bobcat Tractor						
CCTV Technician						
Confined Space Entry						
Construction/Demolition						
Dredging						
Dry Van / Semi-Trailer						
End-Dump Truck						
Excavator						
Front End Loader						
Hazmat Soil Clean-up						
Lab Packing						
Lab Sampling						
Manifesting						
Pressure & Steam Washer						
Roll-Off Truck						
Stake Bed Truck						
Storm Drain Cleaning						
Supplied Air						
Traffic Control						
Vactor						
Vactor Jetter						
Vacuum/Tanker Truck						
Other:						
Other:						

APPLICANT MUST READ & SIGN

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicants record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigation Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

Date

Applicant's Signature



Detailed Equipment/Job Experience

United Pumping Service, Inc.
United Storm Water, Inc.



Name of Applicant: _____

DRIVERS & TECHNICIANS

Class of Equipment	Yes No		Date		Employer
	(Check One)		From	To	
Vacuum Truck					
Roll-Off Truck					
Vactor Jetter					
Vactor					
End-Dump Truck					
Dry Van					
Backhoe					
Bobcat Tractor					
Front End Loader					
Excavator					
Hazmat Soil Clean-up					
Supplied Air					
Confined Space Entry					
Pressure & Steam Washer					
Traffic Control					
Construction/Demolition					
Manifesting					
Lab Packing					
Lab Sampling					
Storm Drain Cleaning					
CCTV Technician					
Dredging					

EMPLOYMENT NOTIFICATION AND ACKNOWLEDGMENT

The purpose of this release is to allow United Pumping Services, Inc. (referred to as "Company"), Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-employment information as part of my application for employment, which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws. I also consent to the company obtaining such information if I am employed by the company for any employment purpose. In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I also agree that this Notification and Acknowledgement in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

A copy of PSI's Privacy Policy can be found at <http://www.psibackgroundcheck.com/privacy-policy.shtml>.

CA, MN and OK residents only: Check here if you would like to receive a copy of your report

I certify that the information contained below is complete and true. I have read this Notification and Acknowledgment, understand its terms, realize its significance, consent to a background investigation as part of the application process and if employed, during my employment as well, and sign this form voluntarily.

Applicant Signature: _____ **Date:** _____

THE INFORMATION BELOW BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

PLEASE PRINT

Full Legal Name (As shown on SSN/ID Card):

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name (First, Middle, Last): _____ Dates Used (from-to): _____

Social Security Number: _____ - _____ - _____ Date of Birth (Month-Day-Year): _____ - _____ - _____

Driver's License #: _____ State: _____ Cell #: (_____) _____ Home #: (_____) _____

E-mail Address: _____

*(Optional): Race: _____ Sex: Male Female Position Applied For: _____

Current address

Month/Year

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

Chronologically list all places of residence for the past seven years

Month/Year

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

COMPANY USE ONLY

Client: United Pumping Services, Inc.

Location: Human Resources

Note:

✓ **PLEASE NOTE:** For all Motor Vehicle Reports, a clear and legible copy of the applicant's driver's license is required.

FCRA Disclosure and Authorization

- Under the FCRA (Fair Credit Reporting Act), before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization.
- I am aware I have the right to make a written request to Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162; call them collect at 1-877-235-7574, or contact them via the internet at www.psibackgroundcheck.com to obtain a free copy of my background investigation, within a reasonable period of time, **if an employment decision has been influenced by information contained in a background investigation report.**
- In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act.
- California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request and will be provided with a separate Notification and Acknowledgement form to complete.

By signing below I certify that I have carefully read and understand this Disclosure and Authorization.

Applicant Signature: _____

Date: _____

FOR PERSONNEL USE ONLY

REQUEST FOR EMPLOYMENT VERIFICATION

From: United Pumping Service, Inc./ United Storm Water, Inc.
 14000 E. Valley Blvd.
 City of Industry, CA 91746
 (626) 961-9326 Phone
 (626) 363-1054 Fax

APPLICANT TO COMPLETE THIS SECTION ONLY

You are hereby authorized to give the above company all information regarding my services, character and conduct while in your employ, and you are released from all liability, which may result from giving such information.

Applicant Name: _____ Social Security No.: _____

Applicant Signature: _____ Date: _____

Previous Employer: _____

Previous Employer to complete in accordance with Section 391.23

1. Dates of Employment: From: _____ To: _____

2. Positions or kind work performed: _____ Salary: _____

3. Was driver involved in a safety-sensitive position subject to drug & alcohol testing under Part 40? Yes No

4. a) Did applicant drive a motor vehicle for you? Yes No

b) What type of equipment? Straight Truck Tractor-Semi Trailer Bus Cargo Van Other _____

5. What areas did driver run? Please specify: _____

6. To your knowledge, was applicant's driver's license ever suspended or revoked? Yes No

7. Please complete the following for any accidents included on your accident register (§390.15(b)) relating to this person during the 3 years prior to the date of this application. If there is no accident register data, check here

	Date	Location	# of Injuries	# of Fatalities	Hazmat Spill
i.	_____	_____	_____	_____	_____
ii.	_____	_____	_____	_____	_____
iii.	_____	_____	_____	_____	_____

Please provide any information relating to any other accidents involving this person that were reported to government agencies or insurers or even related on other internal company records:

8. Reason for leaving: _____

9. Please rate applicant's Customer Service Skills: Excellent Satisfactory Below Standards

10. Please rate applicant's dependability/reliability: Excellent Satisfactory Below Standards

11. If company policy allowed, would you re-employ this person? Yes No

Name & Title of Person Providing Information _____ Signature _____ Date _____

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Name & Title of Person Providing Information

Signature

Date



DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

_____, its affiliated companies, and/or its agents (collectively, herein after referred to as “Company”) may obtain information about you from a consumer reporting agency for purposes permitted under the Fair Credit Reporting Act 15 U.S.C.1681 *et seq.*, including employment purposes, a business transaction initiated by you, or upon your written instructions. A “consumer report” and/or an “investigative consumer report” may be requested which may include information regarding your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information relating to your criminal history, credit history, motor vehicle records such as driving records, social security verification, verification of education or employment history or other background checks. This may involve personal interviews with sources such as neighbors, friends or associates.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to e-Verifile, 900 Circle 75 Parkway, Suite 1550, Atlanta, GA 30339 – 770-859-9899. For information about e-Verifile’s privacy practices see www.e-verifile.com. The scope of this notice and authorization is not limited to the present and, if hired or engaged to transact business with the Company, will continue and allow the Company to conduct future screenings for retention, promotion, reassignment, access to the Company’s or its customer’s premises or for a continuing relationship with the Company, unless revoked by me in writing.



AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I have carefully read, and understand this Authorization form. I further acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Consumer Report" and "State Law Notices" and certify that I have read and understand both documents. I understand that Company may obtain a consumer report and/or investigative consumer report for employment purposes, in connection with a business transaction initiated by you, or otherwise upon your written instructions. These reports may be obtained at any time after receipt of my authorization, and if I am hired or engaged to transact business with the Company, throughout my employment or relationship with the Company. I understand that the Company reserves the right to share the information contained in the report(s) with any third-party companies for whom I will be placed to work or with whom I will have a relationship or will have access to the premises. My information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

I understand and authorize information which is contained in my employment application, or otherwise disclosed by me, may be used for the purpose of obtaining consumer reports and/or investigative background reports at any time during my relationship with the Company. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by eVeriFile.

A credit report may be obtained in connection with your application for employment. If a credit report has been ordered, you may have additional rights under the Federal and State laws. If Company orders a credit report it will be for the following reason:

California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by eVeriFile during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at eVeriFile's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. eVeriFile has trained personnel available to explain your file to you, including any coded information. By signing below, you acknowledge receipt of California Civil Code 1786.22,

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

California, Minnesota or Oklahoma applicants only:
You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.
 I wish to receive a free copy of the report.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE E-VERIFILE TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME, AS APPLICABLE I acknowledge that the Company has provided me with a copy of A Summary of Your Rights Under the Fair Credit Reporting Act.

Signature: _____ Date: _____

Please Print:

Name: _____ Date of Birth*: _____
 First Middle Last

Social Security Number: _____ - _____ - _____ Gender* (check one): _____ Male _____ Female

Driver's License # _____ Issuing State _____

Daytime Phone Number _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
 Street Number and Name City State Zip Dates

* Note: Date of Birth and Gender information are required for identification purposes only, and are in no manner used as qualifying for a relationship with the Company.

California, Minnesota or Oklahoma applicants only:
You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.
 I wish to receive a free copy of the report.



STATE LAW NOTICES

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/ investigative report by checking the box on the Authorization to Obtain Consumer and/or Investigative Consumer Report.

Massachusetts and New Jersey: If Company request an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: You have the right to request whether the Company requested an investigative consumer report and, if so, the Company will give you the name and address of the report's provider if other than eVeriFile. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by directly contacting eVeriFile (or another organization identified by the Company as the provider of an investigative consumer report).

Washington State: If Company requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from Company a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from eVeriFile a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

CREDIT REPORTS:

California, Colorado, Connecticut, Hawaii, Illinois, Maryland, Nevada, Oregon, Vermont, and Washington State: The listed states restrict the circumstances in which Company may obtain credit information about you. Company will not obtain credit information about you unless such information is substantially related to the duties and responsibilities of the position for which you are applying or for any other reason otherwise permitted under applicable law.

VOLUNTARY AFFIRMATIVE ACTION DATA

United Pumping Service, Inc.
United Storm Water, Inc.
14000 E. Valley Blvd
Industry, CA 91746
(626) 961-9326

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPELETED BY APPLICANT ON A VOLUNTARY BASIS, NOT FOR INTERVIEW PURPOSES.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we request that you complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any employment decision. The information will be used and kept confidential in application laws and regulations.

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Address: _____

Male Female Position applied for: _____ Date: _____

Referral Source:

<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Walk-in	<input type="checkbox"/> School
<input type="checkbox"/> Relative	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Current Employee	<input type="checkbox"/> Other _____

Please select one of the following Equal Employment Opportunity Identifications

<input type="checkbox"/> Hispanic	<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black	

FOR ADMINISTRATIVE USE

Position(s) applied for: _____ Current Opening Not Current Opening

Other position(s) considered for: _____

Hired? Yes No Hire Date; _____ Position: _____

Position Classification:

<input type="checkbox"/> Office & Clerical Workers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Technicians
<input type="checkbox"/> Operatives (semi-skilled)	<input type="checkbox"/> Service Workers	<input type="checkbox"/> Laborers (unskilled)
<input type="checkbox"/> Craft Workers (skilled)	<input type="checkbox"/> Professionals	<input type="checkbox"/> Official & Managers

Completed by: _____ Date: _____

Name: _____

Address: _____

Phone: _____

Date: _____

United Pumping Service, Inc.
United Storm Water, Inc.
14000 E. Valley Blvd
City of Industry, CA 91746

Dear United Pumping Service, Inc and United Storm Water, Inc.,

I understand that consumer reports may be obtained as part of the United Pumping Service, Inc. and United Storm Water, Inc. evaluation of my job application/employment. The reports may be procured by your representatives and may include my driving record, an assessment of my insurability under the Company's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize the Company(s) to procure such reports and additional reports about me from time to time, as it deems appropriate to evaluate my insurability or for other permissible purposes.

Sincerely,

Applicant's Signature

**United Pumping Service, Inc.
United Storm Water, Inc.**

Date of Application: _____

Name: _____

Please review and answer the following questions. If you have any questions, please ask for assistance. Thank you.

1. What interests you about working for United Pumping or United Storm Water?

2. What specifically are you looking for in a job?
