



APPLICATION FOR EMPLOYMENT

Contact Numbers

Phone: (251) 653-5075
 Fax: (251) 654-0470

An Equal Opportunity Employer

Thank you for your interest in employment with Gulf Equipment Corporation dba Gulf Services, also referred to as "Company". All applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, age, disability, veteran status, military obligations, genetic information and any other characteristic protected by law.

Gulf Services is subject to various state and federal government regulations. Before offering a position to any applicant, the company will consider the results of a thorough background check, which may include prior employment and education verification, criminal conviction record, credit record, driving record, pre-employment drug-screening and other areas. Pre-placement physical exams are also required for some positions and/or assignments solely for the purpose of certifying fitness for duty; in such cases, employment offers will be contingent on pre-placement certification of fitness for duty, with or without reasonable accommodation, by a Company-designated physician.

INSTRUCTIONS AND INFORMATION

You **MUST** complete this application **IN FULL** in order to be considered for employment with Gulf Services as an employee. Make sure that all the information you supply is **complete** and **correct**. Failure to do so may result in disqualification from consideration for hire or termination of employment. The information provided in this application will be used to determine your eligibility for the position for which you are applying. The "Voluntary Self-Identification" sheet requests information that federal regulations require us to gather, but it is not part of the application itself. The "Voluntary Self-Identification" sheet will be separated from the application before it is reviewed for employment consideration. All application materials become the property of Gulf Services and will not be returned.

Please print legibly. Please complete **ALL** areas below.

PERSONAL INFORMATION

Name (Last, First, Middle Initial): Note: Use Your Full Legal Name			Email Address		
Address (Street, City, State, Zip Code)					
Home Phone Number ()	Work Phone Number ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone Number ()	
Position Applying For (Circle One) Labor Clerical Other		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate Desired		If hired, when can you start work?
Hours Available to Work (mark all that apply) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends					
Are you willing to take assignments that require on-site work for multiple days? <input type="checkbox"/> Yes <input type="checkbox"/> No					
*If yes, which of the following are you willing to take? (mark all that apply) <input type="checkbox"/> Overnight <input type="checkbox"/> Multiple days <input type="checkbox"/> Multiple weeks					
What is the maximum shift length you are willing and able to work on a regular basis? <input type="checkbox"/> 4 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 12 hours					
Are you comfortable working outdoors in inclement weather including humidity, heat, sun and cold? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How many miles are you willing to commute to an assignment site? <input type="checkbox"/> up to 20 <input type="checkbox"/> 21 - 40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51 or more					
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No					

For reference purposes, have you worked or attended school under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List Name(s):	Have you previously applied for a position with Gulf Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when (month, year)?
Are you now or have you ever been employed by Gulf Services? <input type="checkbox"/> Yes <input type="checkbox"/> No List dates and position(s):	
Are you related to anyone currently employed by Gulf Services? <input type="checkbox"/> Yes <input type="checkbox"/> No List name(s) and relationship:	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you find out about this job opening? <input type="checkbox"/> Gulf Services Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Office <input type="checkbox"/> Other (Please Explain):	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employment is offered, you must show documents for verification that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>	
<p>Criminal Convictions –Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list ALL crimes, including misdemeanors, of which you have been convicted or to which you have pled guilty with the exception of minor traffic violations (e.g. expired parking meter, speeding tickets, etc.). You <u>must</u> include DUI and Reckless Driving convictions. Do not list any crimes for which you were arrested but not convicted. Note: This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.</p> <p>If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.</p>	

EDUCATION & SKILLS

Name and Location of High School (city and state)	High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list all post-high school education beginning with most recent . Indicate a diploma or degree, if completed.				
Name & Location of School (city and state)	# of yrs. completed	Graduated	Degree/ Diploma	Course of Study
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, approximate number of credit hours completed.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, approximate number of credit hours completed.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, approximate number of credit hours completed.	
Applicants for some positions will be required to submit official copies of postsecondary educational transcripts.				

Relevant Skills/Training/Certification (check box for all that apply)			
<input type="checkbox"/> Microsoft Word Skills	<input type="checkbox"/> Microsoft Excel Skills	<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> Microsoft Access
<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Email Skills	<input type="checkbox"/> Basic computer operations
<input type="checkbox"/> Basic Math	<input type="checkbox"/> Use Power Tools	<input type="checkbox"/> Valid CDL	<input type="checkbox"/> Operate semi truck and trailer
<input type="checkbox"/> First Aid Certification	<input type="checkbox"/> CPR Certification	<input type="checkbox"/> Climbing Certification	<input type="checkbox"/> Operate trailer tongue/hitch
<input type="checkbox"/> Valid HAZWOPER 40 Certificate	<input type="checkbox"/> Valid OSHA 10-hour Certificate	<input type="checkbox"/> Valid OSHA 30-hour Certificate	<input type="checkbox"/> Construction labor
<input type="checkbox"/> Lift and Carry 50 pounds	<input type="checkbox"/> Lift and Carry 35 pounds	<input type="checkbox"/> Supervisory/managerial skills	<input type="checkbox"/> Project management skills
<input type="checkbox"/> Heavy Equipment Operation (list types below)	<input type="checkbox"/> Light Equipment Operation (list types below)	<input type="checkbox"/> Heavy Equipment Maintenance (list types below)	<input type="checkbox"/> Light Equipment Maintenance (list types below)
SKILLS/CERTIFICATIONS: List other skills or certifications relevant to this job, including certifications, professional licenses, relevant training, and other relevant knowledge. Please attach copies of relevant licenses and certifications.			

REFERENCES: List three persons who may be contacted as personal references regarding your work and/or professional education/training. Do not list family members.

Name(First & Last)	Street Address (or P.O. Box)	City	State	Zip	Telephone Number(s)	Email Address

EMPLOYMENT HISTORY: List all current and previous employment for the last ten years, including military service, **starting with the most recent position held.** Whether or not you attach a resume, this section must be completed in its entirety. Information will be used in reference checks. Failure to completely and truthfully answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ /Hour Final: \$ _____ /Hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ /Hour Final: \$ _____ /Hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ /Hour Final: \$ _____ /Hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ /Hour Final: \$ _____ /Hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			

PLEASE READ CAREFULLY AND CHECK THE BOX

I certify that the above statements are true and complete. I understand that any false information or omissions (including, but not limited to, failure to reveal prior employers) in this application or its supporting documents, or in an interview, will be sufficient grounds for refusal to hire me or, if I am hired, immediate termination without notice. **I understand that completion of this application in no way constitutes an offer of employment.** I agree that compliance with all rules, policies and procedures of Gulf Services affecting my employment shall constitute a part of my employment, if employment is offered and accepted. I understand that this application form will be active for 90 days from the date of completion; if I wish to be considered for employment with Gulf Services after that time, I understand that I will be required to complete and submit a new application form.

I authorize Gulf Services to obtain information about me from my previous employers and credit sources and to review my education, previous employment, driving records, criminal records, references, and other background data. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to voluntarily submit to a pre-employment drug screen. **I acknowledge that Gulf Services is an at-will employer and that, if hired, my employment is "at-will", for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time with or without prior notice and without cause.**

APPLICANT'S SIGNATURE: _____ **DATE:** _____

EMPLOYMENT HISTORY CONTINUATION – Supplemental Sheet

Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ /Hour Final: \$ _____ /Hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ /Hour Final: \$ _____ /Hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title From: _____ From: _____	
Wages Start: \$ _____ /Hour Final: \$ _____ /Hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Wages Start: \$ _____ /Hour Final: \$ _____ /Hour		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties			