

**FULL COMPLETION OF THIS APPLICATION IS REQUIRED FOR EMPLOYMENT CONSIDERATION  
(SUBMISSION OF A RESUME IS NOT A SUBSTITUTE FOR A COMPLETED APPLICATION)**

<b>PLEASE PRINT – USE INK</b>				<b>AN EQUAL OPPORTUNITY EMPLOYER</b>			
<b>PERSONAL</b>							
<b>NAME</b>		LAST	FIRST	MI	OTHER NAME(S) USED IN PAST EMPLOYMENT OR EDUCATION RECORDS (E.g., Maiden name, alias, etc.)		
<b>HOME ADDRESS</b>		(NO. AND STREET)	CITY	STATE	(ZIP CODE)	HOME PHONE NUMBER AND AREA CODE	
<b>CURRENT ADDRESS</b>		(NO. AND STREET)	CITY	STATE	(ZIP CODE)	CURRENT PHONE NUMBER AND AREA CODE	
EMAIL		CITIZENSHIP: COMPLETION OF THIS SECTION IS REQUIRED FOR EMPLOYMENT CONSIDERATION.					
SOCIAL SECURITY NUMBER		<b>THE FOLLOWING ARE ELIGIBLE FOR EMPLOYMENT:</b>		1. U.S. CITIZEN, OR NATIONAL	2. ALIENS WHO ARE LAWFULLY ADMITTED AS:	IS YOUR STATUS INCLUDED IN "1" OR "2" AT LEFT?	
					2a. PERMANENT RESIDENTS.	YES	NO
					2b. REFUGEES.		
					2c. ASYLEES OR		
					2d. TEMPORARY RESIDENTS UNDER 8 USC 1160(a) or 8 USC 1255a(a)(1)		
HAVE YOU BEEN EMPLOYED BY THE COMPANY PREVIOUSLY?			FROM	TO	AREA OF EMPLOYMENT		
YES			NO				
ARE YOU CURRENTLY A MEMBER OF THE BOARD OF DIRECTORS OF ANY FOR-PROFIT AND/OR NON-PROFIT ORGANIZATIONS?							
YES					NO		
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR OTHER OFFENSE? YOU SHOULD DISCLOSE ALL FELONY, MISDEMEANOR, AND OTHER CONVICTIONS, DEFERRED ADJUDICATIONS, NO CONTEST PLEAS, PENDING MATTERS, ETC. THIS INCLUDES (BUT IS NOT LIMITED TO) ALL TICKETS, CITATIONS, DRIVING VIOLATIONS, DWI/DUI, MINOR IN POSSESSION, ETC. PROVIDING SUCH INFORMATION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT, BUT WILL BE REVIEWED IN LIGHT OF THE JOB DUTIES. FAILURE TO DISCLOSE FULLY WILL JEOPARDIZE YOUR CONSIDERATION FOR EMPLOYMENT.						YES	NO
IF YES, PROVIDE THE DATE, LOCATION, AND NATURE OF THE OFFENSE:							
DO YOU HAVE A LICENSE TO DRIVE IN THE U.S.?		LICENSED IN WHICH STATE / LICENSE NUMBER			TYPE OF LICENSE:		
YES		NO					
<b>EMPLOYMENT DESIRED</b>							
TYPE OF EMPLOYMENT FOR WHICH YOU ARE APPLYING: REGULAR    SUMMER TEMPORARY		DATE AVAILABLE	LOCATION PREFERENCE, IF ANY		EXPERIENCE	SALARY EXPECTED	
<b>WORK PREFERRED</b>	FIRST CHOICE/YEARS EXPERIENCE			SECOND CHOICE/YEARS EXPERIENCE			
<b>EDUCATION AND ACHIEVEMENTS</b>							
<b>COLLEGE OR OTHER</b>	<b>SCHOOL</b>	<b>LOCATION</b>	<b>DATE(MM/YYYY)</b>		<b>COURSE OR MAJOR</b>	<b>DEGREE/CERTIFICATE RECEIVED?</b>	
			FROM	TO		YES	NO
<b>HIGH SCHOOL</b>	<b>SCHOOL NAME</b>	<b>LOCATION</b>			(Mark One)	<b>MM/YYYY</b>	
					Diploma		
					GED		
					None		
*Insert number of College Credit Hours completed if no degree obtained.							
<b>OTHER JOB-RELATED COURSES, SEMINARS, OR SPECIALIZED TRAINING (INCLUDING COMPUTER, WORD PROCESSING TRAINING/EXPERIENCE)</b>							
<b>PERSONAL ACHIEVEMENTS.</b> Describe below any significant personal activities or accomplishments in high school, college, the military, community affairs, etc. which you believe may be an indication of your job-related abilities.							
Indicate proficiencies in foreign languages							
<b>REFERRAL SOURCE:</b>		SELF-INITIATED	REFERRAL (Friend or Relative)		ADVERTISEMENT		
		EMPLOYMENT AGENCY	COLLEGE CAMPUS (Specify)		OTHER		

(Continued on back)

**EMPLOYMENT, BUSINESS AND/OR MILITARY EXPERIENCE** (Please cover employment over the last seven years)  
*If space is insufficient, list on separate page or attach résumé.*

EMPLOYER		ADDRESS (Street, City, State and Zip Code)		PHONE
POSITION	TYPE OF BUSINESS	DEPARTMENT	SUPERVISOR	
STARTING DATE	SALARY	DATE LEFT	REASON FOR LEAVING	

DUTIES AND MAJOR ACCOMPLISHMENTS

EMPLOYER		ADDRESS (Street, City, State and Zip Code)		PHONE
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DUTIES AND MAJOR ACCOMPLISHMENTS

**U. S. MILITARY EXPERIENCE** (If applicable)

BRANCH AND ORGANIZATION	DATE ENTERED	HIGHEST RANK or RATING	DATE DISCHARGED

JOB RELATED TRAINING RECEIVED DURING MILITARY SERVICE

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**READ CAREFULLY BEFORE SIGNING**  
 I certify that the above information is true and complete to the best of my knowledge, without omission of any consequence. I agree that any misrepresentation, false statement, or omission, made by me with respect to the information contained in the application or subsequent medical evaluation shall be sufficient cause to terminate any offer or my employment. I agree that any offer of employment, and acceptance thereof, does not constitute a binding contract of any length, and that such employment is terminable at the will of either party, subject to applicable laws. I also authorize you to solicit reports from previous employers, schools, references, and law enforcement agencies. No effort will be made to contact my current employer unless I have so authorized by initialing here: \_\_\_\_\_

I further recognize that if I am offered employment, I will be required to undergo a post-offer evaluation and that my offer of employment will be conditioned upon the satisfactory result of that medical evaluation. The evaluation will include testing for drug use and background checks, I agree to such testing.

If I am offered employment, I will be given a copy of Unit Liner Company's Alcohol and Drug Use policy. I agree that, as a condition of employment, I will be required to comply with its terms. I further recognize that if I do not comply with its terms, I will be subject to discipline, up to and including termination.

I also recognize that, if employed in the United States, I will be required to:

- Produce original documents specified by the federal government establishing my identity and authorization for employment and sign Form I-9, United States Employment Eligibility Verification, stating under penalty of perjury, that documents presented are genuine and related to me.
- Sign a statement dealing with your policy on Standards of Business Conduct, an Employee Intellectual Property Agreement and certain other employment forms.

SIGNATURE OF APPLICANT	DATE

**Applicant Information Form for U.S. Employment Consideration Only**

Unit Liner Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status or any other status protected by federal, state or local law.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we ask you to complete this form.

Your cooperation is appreciated. Please be advised that this form is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

NAME	LAST	FIRST	MI
TODAY'S DATE		POSITION APPLIED FOR	
GENDER:    MALE       FEMALE			
EEOC Race / Ethnicity Identification: Please check <u>only one</u> of the below with which you <u>most</u> identify.			
ETHNICITY	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
RACE	White (not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa	
	Black or African American (not Hispanic or Latino)	A person having origins in any of the Black racial groups of Africa.	
	Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
	Asian (not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia. Pakistan, the Philippine Islands, Thailand, and Vietnam.	
	American Indian or Alaskan Native (not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
	Two or More Races (not Hispanic or Latino)	All persons who identify with more than one of the above five races	

APPLICANT SIGNATURE

**Note to Employment Office:  
This Information Is For Record Keeping ONLY. Remove This Sheet From Application Form**