



Application for Employment

Phoenix Fabricators and Erectors, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws.

Instructions:

Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file for six months or in your permanent file if hired. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **Please print.**

Name of Applicant		Date of Application	
Street Address	City	State	Zip
Email Address	Home Phone	Cell Phone	
Position Sought	Date Available	Reference Source	

Questions:

- YES NO Are you at least 18 years or older?
- YES NO Are you legally eligible for employment in the United States? *(If offered employment, you will be required to provide documentation to verify eligibility.)*
- YES NO Would you Work? Full Time Part Time Shift Work Temporary
- YES NO Do you have a valid driver's license?
- YES NO Have you ever worked for the Company before?
If YES, Where? _____ Approximate Date: _____

Questions (Field Applicants ONLY):

- YES NO Do you have a dependable vehicle to use?
- YES NO Are you willing to drive to any part of the US to work on an assigned project?
- YES NO Are you willing to be away from home for stretches of 4-8 weeks at a time?
- YES NO Are you willing and able to work at heights in excess of 150'?
- YES NO Are you willing and able to work outdoors in all weather conditions?

Education:

School Name AND Location (City, State)	Years Attended	Major Area of Study	Degree OR Diploma Received
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO
Vocational OR Trade School			<input type="checkbox"/> YES <input type="checkbox"/> NO
College OR University			<input type="checkbox"/> YES <input type="checkbox"/> NO
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO
Other (Specify)			<input type="checkbox"/> YES <input type="checkbox"/> NO

Employment History:

Include your last three (3) employers or five (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. (Please list any gaps in employment)

Company Name		Summarize the nature of work performed and job responsibilities
Address		
City, State, Zip Code		
Company Phone	May we contact <input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates Employed From	To	
Immediate supervisor	Phone	
Rate of Pay Start	Final	
Job Title Start	Final	Reason For Leaving

Company Name		Summarize the nature of work performed and job responsibilities
Address		
City, State, Zip Code		
Company Phone	May we contact <input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates Employed From	To	
Immediate supervisor	Phone	
Rate of Pay Start	Final	
Job Title Start	Final	Reason For Leaving

Company Name		Summarize the nature of work performed and job responsibilities
Address		
City, State, Zip Code		
Company Phone	May we contact <input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates Employed From	To	
Immediate supervisor	Phone	
Rate of Pay Start	Final	
Job Title Start	Final	Reason For Leaving

(Please list any gaps in employment and provide a brief explanation)

Applicant's Certification and Agreement

Please read carefully before signing

Upon the signing of this application, I represent that all information now or hereafter given by me in support of my application for employment is true and complete. I authorize Phoenix Fabricators and Erectors, LLC or any of their subsidiaries, affiliates, or divisions and their successors and assigns ("Phoenix Tank") or its representative to verify any of the information concerning my prior employment, education, credit, criminal, motor vehicle report histories, personal references, and military service with the appropriate individuals and/or institutions. I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release Phoenix Tank and anyone providing Phoenix Tank with such requested information from any liability whatsoever as a result of such inquiries and disclosures. I agree that any false information in support of my application may subject me to disqualification or discharge at any time during the period of my selection or employment with Phoenix Tank.

If hired, I agree that I will serve at the will of Phoenix Tank and agree that I shall be bound by the rules, policies, and regulations of Phoenix Tank as they are from time to time changed with or without any notice to me. I also understand that neither this application for employment, nor any present or future employee handbook or personnel policy manual is an employment agreement, either expressed or implied. I agree that either party may terminate employment, with or without cause or notice, at any time, for any reason.

Following a conditional offer of employment, I consent to taking such pre-employment physical assessment, as it may be required of all conditionally hired applicants by Phoenix Tank for the purpose of determining my capability to perform the essential job functions. Furthermore, I agree to provide blood, hair, oral fluid and/or urine specimens for the purpose of alcohol and/or drug testing, as required by Phoenix Tank. I authorize the release to Phoenix Tank of all job-related medical history, and physical assessment and alcohol and/or drug testing analysis, as required by Phoenix Tank. I understand that if (1) I do not cooperate fully in giving the specimen(s), or in conducting the physical(s), or (2) if my specimen fails the alcohol and/or drug screening criterion, the conditional offer of employment is rescinded.

I recognize that the law requires that I provide Phoenix Tank with evidence and a sworn statement of my citizenship or work authorization if I am hired. Therefore, I understand any offer of employment I receive is contingent upon me providing the document(s) and/or statement(s) that Phoenix Tank requests from me.

I have read and understand the contents of this application.

Signature of Applicant

Date

As a federal contractor, Phoenix Fabricators and Erectors, LLC (Phoenix) participates in the E-Verify program. E-Verify is a web-based system that allows enrolled employers to confirm the eligibility of their employees to work in the United States. E-Verify employers verify the identity and employment eligibility of newly hired employees by electronically matching information provided by employees on the Form I-9, Employment Eligibility Verification, against records available to the Social Security Administration (SSA) and the Department of Homeland Security (DHS).

If hired by Phoenix, you will be required to present documentation of your employment eligibility. Following are the lists of acceptable documents. All documents must be UNEXPIRED. Employees may present one selection from List A OR a combination of one selection from List B AND one selection from List C.



Invitation to Applicants to Self-Identify For Affirmation Action Purposes

This company prepares affirmative action plans that cover females, minorities, protected veterans, and individuals with disabilities. This survey is meant to help the company fulfill various objectives in these affirmative action plans. PLEASE NOTE: You are not required to complete any part of this form. Submission of this form is voluntary. The decision not to complete this form will not affect any opportunity for employment or any benefits with the company. Any information you provide in this survey will be kept confidential and will not be used in any way that may adversely affect your employment with this company.

Name: _____ Date: _____

Position you are applying for: _____

AFFIRMATIVE ACTION RELATED DATA (Please check appropriate boxes)

GENDER

- Male Female Decline to Answer

ETHNICITY

- Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Not Hispanic
 Decline to Answer

RACE (If you checked "Not Hispanic" above, please check one or more of the boxes below.)

- Asian/Indian Subcontinent (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.)
 Black/African American (A person having origins in any of the Black racial groups of Africa.)
 Native American/Alaskan Native (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.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
 Decline to Answer

PROTECTED VETERAN

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Protected Veteran Categories:

Disabled Veteran - A disabled veteran is one of the following: (a) a veteran of the U.S. 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 Veterans Affairs or (b) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran - A recently separated veteran is a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active-Duty Wartime Or Campaign Badge Veteran - An active-duty wartime or campaign badge veteran is a veteran who served on active duty in the U.S. 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 - An armed forces service medal veteran is a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive order 12985.

- Yes, I identify as belonging to one or more of the classifications of protected veterans listed below. .
 No, I am not a protected veteran. .
 Decline to Answer.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____