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# Sanco Pipelines, Inc. Employment Application

## An Equal Opportunity Employer

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**Please Print**

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
No. & Street                      City                      State      Zip      -

\_\_\_\_\_  
Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street                      City                      State      Zip      -

(\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_      - - -  
Business Phone                      Home Phone                      Social Security Number                      Drivers License Number

**Employment Desired**

Position applying for: \_\_\_\_\_

**Personal Information**

Union Affiliation (If Any) \_\_\_\_\_ Number of Years \_\_\_\_\_

Have you ever applied to or worked for Sanco Pipelines, Inc. before? .....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Sanco Pipelines, Inc? .....  Yes  No

If yes, state name(s) and relationship:

_____	_____
Name	Relationship
_____	_____
Name	Relationship

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No  
If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) .....  Yes  No  
If yes, state nature of the crime(s), when and where convicted and disposition of the case. Attach additional sheets if necessary.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently under arrest or out on bail or on your own recognizance pending trial? .....  Yes  No  
If yes, describe how the current arrest and subsequent proceeding will affect your ability to meet attendance requirements.

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Have you ever stole property or money from a former employer?.....  Yes  No  
If so, please describe the circumstances.

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Have you ever damaged a former employer's property? .....  Yes  No  
If so, please describe the circumstances.

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**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
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Yes  No

Name

Address

City

State

Zip

Yes  No

Name

Address

City

State

Zip

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer

( ) Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment:

From

To

Weekly Pay:

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

Yes  No

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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_____ Name of Employer	(____) _____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: _____ From To	Weekly Pay: _____ Starting	_____ Ending	
_____ Your Position and Duties			
_____ Reason for Leaving			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

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_____ Name of Employer	(____) _____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: _____ From To	Weekly Pay: _____ Starting	_____ Ending	
_____ Your Position and Duties			
_____ Reason for Leaving			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: Attach additional page(s) if necessary.

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my  
Initials chances for employment and that the answers given by me are true and correct to the best of my  
knowledge. I further certify that I, the undersigned applicant, have personally completed this  
application. I understand that any omission or misstatement of material fact on this application or on  
any document used to secure employment shall be grounds for rejection of this application or for  
immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Sanco Pipelines, to thoroughly investigate my references, work record, education  
Initials and other matters related to my suitability for employment and, further, authorize the references I have  
listed to disclose to the company any and all letters, reports and other information related to my work  
records, without giving me prior notice of such disclosure. In addition, I hereby release the Company,  
my former employers and all other persons, corporations, partnerships and associations from any and  
all claims, demands or liabilities arising out of or in any way related to such investigation or  
disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may  
Initials be granted or during my employment, if hired, is intended to create an employment contract between  
me and the Company. In addition, I understand and agree that if I am employed, my employment is  
for no definite or determinable period and may be terminated at any time, with or without prior notice,  
at the option of either myself or the Company and that no promises or representations contrary to the  
foregoing are binding on the Company unless made in writing and signed by me and the Company's  
designated representative.

\_\_\_\_\_ I understand that I must take and pass a drug and/or alcohol test in order to be considered for  
Initials employment. Failing to pass will result in ineligibility for employment.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction,  
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed  
by  
the Company. I am entitled to copies of any such public records obtained by the Company unless I  
mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of  
any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

It is our policy and intent to provide equal opportunity to all persons without regard to race, color, religion, sex, pregnancy, marital status, sexual orientation, age, nation origin, disability, or medical condition as defined in state and federal laws. This policy covers all facets of employment including, but not limited to: recruitment, selection, placement, promotions, transfers, demotions, terminations, training, compensation, and all aspects of employment.