

## Application for Employment

### Applicant Information:

Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you a Citizen of the United States?  
 Yes  No

If no, are you authorized to work in the United States?  
 Yes  No

Have you ever worked for this company in the past?  Yes  No If so, when?

### Employment Opportunities:

#### Division of Interest:

- Pipeline Condition Assessment       Pipeline Maintenance and Cleaning       Instrumentation  
 Underground Services       Stormwater Pollution Compliance and Maintenance       Administration

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position You Are Applying For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization and Signature:

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I am authorizing Downstream Services, Inc. to perform a Background Check, upon my employment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Previous Employment:**

Company:		Phone:	
Address:		Supervisor:	
Position Held:			
Responsibilities:			
Achievements and/or Recognition:			
Employed From:		Employed To:	
Reason for Leaving?			
May we contact your previous supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company:		Phone:	
Address:		Supervisor:	
Position Held:			
Responsibilities:			
Achievements and/or Recognition:			
Employed From:		Employed To:	
Reason for Leaving?			
May we contact your previous supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company:		Phone:	
Address:		Supervisor:	
Position Held:			
Responsibilities:			
Achievements and/or Recognition:			
Employed From:		Employed To:	
Reason for Leaving?			
May we contact your previous supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**References:**

Name/Position:	_____	Phone:	_____
Relationship:	_____	email:	_____
Name/Position:	_____	Phone:	_____
Relationship:	_____	email:	_____

**Trade Details and Certifications:**

<u>Qualifications:</u>	<u>License and/or Registration #:</u>	<u>Date Issued:</u>	<u>Expiration Date:</u>	<u>Copy Provided:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Vehicle License:</b>				
▪ Class				
▪ Heavy Vehicle				
▪ Car				
▪ Other				

<b>Machine Operator:</b>				
▪ Backhoe				
▪ Excavator				
▪ Forklift				
▪ Front End Loader				
▪ Roller				
▪ Skidsteer Loader				
▪ Dozer				
▪ Vac Truck				
▪ Bucket Machine				
▪ Other				

<b>Certifications:</b>				
▪ Traffic Control				
▪ Confined Space Entry				
▪ SCBA Entry				
▪ CPR   First Aid				
▪ HAZWOPER				
▪ NASSCO PACP				
▪ NASSCO MACP				
▪ CWEA Certification of Competency [Grade 1-4]				
▪ Other				

**Education Details:**

<b>High School</b> Name: Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From   To:	
<b>College</b> Name: Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From   To:	Degree:
<b>Technical/Trade</b> Name: Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	From   To:	Degree:
<b>Other</b> Name:	From   To:	Degree:

## Motor Vehicle Report Release Form

By signing this release, I hereby provide my authorization for **Downstream Services Inc.** or their independent company representative(s) to procure such information and reports, to evaluate my insurability. I hereby acknowledge that a valid California driver license is a requirement to use the **Downstream Services Inc.** fleet vehicles and/or drive any vehicle on behalf of the company.

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Employee Signature

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Name as it appears on California Driver License

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Driver License Number

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Date of Birth