



801 N. Navigation Blvd, Suite 200
 Corpus Christi, Texas 78408
 voice 361-653-7100
 fax 361-653-7120
 www.iesllc.com
 recruiting@iesllc.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

In order that your application may be properly evaluated it is essential that all of the following questions be answered carefully. If you need more space for your answers, please attach a separate sheet. (PLEASE TYPE OR PRINT ALL INFORMATION). Industrial Emergency Services, LLC ("IES") is an Equal Employment Opportunity Employer and considers employment applications without regard to sex, age, race, religion, color, national origin, citizenship, disability, veteran status, or any other status protected by law. Please answer as completely as possible but **do not** provide information not asked for, as it may result in your application being rejected.

PERSONAL

| | | | |
|--|--|--|---|
| Name (Last, First, Middle) | | Telephone No. | Today's Date |
| Street | | Social Security No. | Date Available |
| City | State | Zip Code | Driver's License No. and Class(s) State: No: Class(s): |
| Have you been or are you currently known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name(s): | | Are you related to any current or former IES employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name the employee(s) and your relationship: | |
| Have you previously worked for IES <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: | | Have you previously applied for a position with IES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s) | |
| Particular Position Desired: | Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of employment eligibility is required. | | Salary/Wage Desired: |

GENERAL

Do you have a form of transportation that will allow you to report to work at any time? Yes No

Have you ever been convicted of a crime (other than minor traffic offenses), pleaded guilty or nolo contendere (no contest) to a crime, received a probated sentence (including deferred adjudication), or been assigned a probation officer? Yes No

If the answer to any of these questions is "yes", please explain and include the city, county, state, and date. (A "yes" response will not necessarily preclude you from employment.)

EDUCATION / TRAINING

| | Name and Locations | Course or Degree | Dates | |
|-----------------------|--------------------|------------------|-------|----|
| | | | From | To |
| High School | | | | |
| Business or Technical | | | | |
| College | | | | |

Enter other specialized training or skills (machines operated, special courses, etc.)

Skill: _____ Experience/Date: _____

Skill: _____ Experience/Date: _____

Skill: _____ Experience/Date: _____

Skill: _____ Experience/Date: _____

MILITARY SERVICE

| | | | | |
|--------------------|---------------|------------------|---------------------------|------------------------------|
| Branch of Service: | Date Entered: | Date Discharged: | Type of Discharge (code): | Military Training Specialty: |
|--------------------|---------------|------------------|---------------------------|------------------------------|

EMPLOYMENT HISTORY

Have you been discharged or asked to resign from a job? Yes No

Show current/last position first. Answer all questions, include all employers in the last 10 years. Please explain any gaps in your employment history. Use separate page if necessary.

| | | | |
|----|--|---------------------|---------|
| 1. | Name of Company: | Address: | |
| | Type of Business: | Reason for Leaving: | |
| | Employed As (Starting): | Date: | Salary: |
| | Present / Last Position: | Date: | Salary: |
| | Duties: | | |
| | Name, address, phone number and title of supervisor to contact: | | |
| | May we communicate with present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | |
|----|---|---------------------|---------|
| 2. | Name of Company: | Address: | |
| | Type of Business: | Reason for Leaving: | |
| | Employed As (Starting): | Date: | Salary: |
| | Present / Last Position: | Date: | Salary: |
| | Duties: | | |
| | Name, address, phone number and title of supervisor to contact: | | |

| | | | |
|----|---|---------------------|---------|
| 3. | Name of Company: | Address: | |
| | Type of Business: | Reason for Leaving: | |
| | Employed As (Starting): | Date: | Salary: |
| | Present / Last Position: | Date: | Salary: |
| | Duties: | | |
| | Name, address, phone number and title of supervisor to contact: | | |

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

ALL APPLICANTS MUST READ AND SIGN BELOW

I certify that all the statements and information provided on this application or otherwise provided by me during the application/pre-employment process are true and correct. I understand that any false or misleading information, including any misrepresentation or omission of a fact on this application or during the pre-employment process may result in the rejection of my application, or if hired, may subject me to disciplinary action, up to and including my dismissal from employment. I understand that this application is not a contract and that it creates no contractual rights.

I further understand and agree that if I am successful in obtaining a job with Industrial Emergency Services, LLC ("IES"), as a condition of my employment with the company, I may be subject to and upon request will submit to security-type investigations, drug and alcohol screening, and applicable skills testing during the course of my employment.

I understand and agree that if I am employed by the company my employment shall be for an indefinite period. Nothing in this application, whether considered alone or in conjunction with other company documents, shall be construed as a contract for employment for any specific time. There shall be no guarantees, expressed or implied, as to how long the company will continue my employment and my employment may be terminated at any time, with or without cause, and without recourse by the company or myself. I further understand and agree that no employee or official of the company has any authority to alter the terms of my at-will employment through oral statements or promises. To be binding on the company, any agreement or promise that alters or purports to alter my at-will relationship with the company must be in writing, addressed specifically to me, and be signed by the President of the company.

I understand that IES does not tolerate the illegal possession or use of drugs by employees. Further, I understand that IES does not tolerate on-the-job possession or use of alcoholic beverages or on-the-job impairment as a result of the use of alcoholic beverages or drugs. I recognize that IES has the right to conduct drug and alcohol testing of applicants and employees.

I understand that, as condition of employment, IES has a mandatory arbitration policy for all disputes. I understand and agree that if offered employment with IES, acceptance of employment will constitute my agreement to arbitrate any disputes that arise from or relate in any way to my employment with IES.

I certify that the information in this application is ACCURATE AND COMPLETE.

Date: _____

Write Usual Signature: _____

Print Name: _____

Social Security Number: _____