



IFE NDT, LLC, is an equal opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, age, disability, religion, national origin, military or veteran status, or any other basis protected by applicable law.

**Application for Employment**

**How did you hear of this opening?  
(Please check one)**

- Newspaper Ad: \_\_\_\_\_
- Billboard Ad: \_\_\_\_\_
- On-Line Ad: \_\_\_\_\_
- Walk-In: \_\_\_\_\_
- Other: \_\_\_\_\_

**Please take note that most of our company's positions are deemed safety sensitive.**

All newly hired employees of the Company are subject to an introductory period of ninety (90) days from the date of hire. The applicant understands that the satisfactory completion of this evaluation period in no way constitutes an obligation by the Company to continue his/her employment, and that all employees are subject to termination with or without cause as determined solely by the Company in its best interest. This application is considered active for sixty (60) days.

**PERSONAL INFORMATION (Please Print or Type) SOCIAL SECURITY #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_**

**Legal Name**

\_\_\_\_\_ Last First Middle (Full) Suffix

**Have you ever used any other name(s) which is (are) necessary for us to verify your employment or educational record?**

No  Yes Name: \_\_\_\_\_

\_\_\_\_\_ Last First Middle (Full) Suffix

**Present Address**

\_\_\_\_\_ Street City State Zip

**Please provide your addresses for the last (3) years**

**Former Address**

\_\_\_\_\_ Street City State Zip

**Former Address**

\_\_\_\_\_ Street City State Zip

**Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email \_\_\_\_\_**

**Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class/Endorsements (If applicable) \_\_\_\_\_**

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_ Minimum pay desired \$ \_\_\_\_\_ per

Have you ever been employed by or applied for a position with IFE NDT, LLC?  Yes  No  
If so, what position? \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Are you under any type of agreement that would prevent you from performing the job for which you are applying or for which you are being considered, such as a non-competition, non-disclosure, or non-solicitation agreement?  Yes  No

Do you have any relatives employed by this Company?  Yes  No Name/Relationship: \_\_\_\_\_ Location: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR COURSES
HIGH SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, did you obtain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE		Yes <input type="checkbox"/> No <input type="checkbox"/>	
TRADE, BUSINESS, MILITARY OR TECH SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PERSONAL REFERENCES (NOT RELATED TO YOU)**

Name	Relationship	Occupation	Years Known	Phone

**EMPLOYMENT HISTORY****Applicant Name:****SSN:**

Give a complete record of all employment, including military, and reasons for periods of unemployment during the past 10-years. If you have been self-employed, list up to 5 of your major clients. List employers in reverse order starting with the most recent. Add another sheet if necessary. No "see resume" responses will be accepted.

**Regulated/CDL - Applicants who will drive a regulated vehicle<sup>1</sup> shall provide (10) ten years' information on those employers for whom the applicant operated such vehicle.**

Are you employed now?  Yes  No May we contact your current employer?  Yes  No

<b>EMPLOYER INFORMATION</b>		POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?  <input type="checkbox"/> YES <input type="checkbox"/> NO  Was position regulated by Federal or State drug and alcohol testing requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	FROM	TO		
ADDRESS	STARTING SALARY	ENDING SALARY		
CITY	STATE		<b>CHECK BOX AND STATE REASON FOR LEAVING</b>	
PHONE NUMBER	<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN			
CONTACT PERSON	COMMENT			

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PHONE NUMBER	<input type="checkbox"/> LAYOFF <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RESIGN			
CONTACT PERSON	COMMENT			

<sup>1</sup> Includes vehicles having a GVWR of 10,001 lbs. or more, vehicles designed to transport (15) fifteen or more passengers, or any size vehicle used to transport hazardous material in a quantity requiring Placarding.

**JOB SPECIFIC TRAINING (Check all that apply)**

- |  |  |  |   |                                      |
|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> CPR/First Aid     | <input type="checkbox"/> HAZWOPER            | <input type="checkbox"/> Lockout/Tag out | <input type="checkbox"/> Incipient Firefighting | <input type="checkbox"/> Industrial  |
| <input type="checkbox"/> Water Survival    | <input type="checkbox"/> HAZMAT              | <input type="checkbox"/> Rigger          | <input type="checkbox"/> H2S                    | <input type="checkbox"/> OHSA        |
| <input type="checkbox"/> HAZCOM            | <input type="checkbox"/> Confined Space      | <input type="checkbox"/> Crane Safety    | <input type="checkbox"/> PPE                    | <input type="checkbox"/> MSHA        |
| <input type="checkbox"/> Defensive Driving | <input type="checkbox"/> Blasting/Explosives | <input type="checkbox"/> DOT/CDL         | <input type="checkbox"/> Rig Pass               | <input type="checkbox"/> Other _____ |

Do you currently possess a Transportation Worker Identification Credential (TWIC)?  Yes  No

If Yes, Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a legal right to work in the United States?  Yes  No

Did you serve in the U.S. Armed Forces?  Yes  No

**If Yes, please fill out below:** (Copy of DD214 is required)

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Entry \_\_\_\_\_ Highest Rank Attained \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Overseas Service \_\_\_\_ Yes \_\_\_\_ No If yes, how long? \_\_\_\_\_

Description of Duties \_\_\_\_\_

List any special training that you received \_\_\_\_\_

- Yes  No 1. Have you ever been convicted or adjudicated of a crime (California applicants see below)?
- Yes  No 2. Are you currently under any investigation or pending charge?
- Yes  No 3. Are you currently awaiting trial for any criminal offense?
- Yes  No 4. Have you ever initiated an act of violence in the workplace?
- Yes  No 5. Have you ever been sanctioned or had your driver's license suspended or revoked?

**California applicants:** Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

**APPLICANT'S STATEMENT AND ACKNOWLEDGMENT**

1. I certify that this application was completed by me and that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge.
2. I understand that any misrepresentation or omission of facts called for on this application or during the application process may result in termination of the application process or my dismissal from employment at any time regardless of when the false answer or omission is discovered.
3. I authorize the Company to conduct any necessary investigations or inquiries regarding my background to the extent permitted by federal, state and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.
4. I understand that if offered employment, I am to abide by all rules and regulations of the Company.
5. I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, I will be an at-will employee, meaning that either the Company or I may end the employment relationship at any time with or without cause.
6. I understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Company.
7. I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.
8. I consent to all of the following pre-employment processes, which are required by the Company and I further understand that the offer of employment is contingent upon my successfully completing all of pre-employment testing:
  - a. Motor Vehicle Report (MVR) (review of past driving record)
  - b. Drug screen (DOT and Non-DOT applicants)
  - c. Previous Employer Drug and Alcohol History (DOT applicants, 49 CFR 382.413)
  - d. Physical Examination and Functional Capacity Evaluation (consistent with federal and state law)
  - e. Background Check
9. I agree and understand that this application for employment in no way obligates the Company to employ me.

**Print Name**

**Date Signed**

**Applicant Signature**

# DISCLOSURE AND AUTHORIZATION



## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**IFE NDT, LLC** ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, salary information, credit history, professional licenses and credentials and drug & alcohol use. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **SHIELD SCREENING, 6810 S 121st Street, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine Applicants or Employees Only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

## ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **SHIELD SCREENING, 6810 S. 121st, Bixby, OK 74008, P: 918.970.2800, F: 800.737.5184**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or Employees Only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

California applicants or employees only: By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

- I am authorizing SHIELD SCREENING, Inc to conduct the background check(s) described above
- I am consenting to use electronic means to sign this form and have read and understand the above disclosure
- I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling SHIELD SCREENING at P: 800.260.3738, F: 800.737.5184.

FULL NAME	DOB	EMAIL ADDRESS
ADDRESS	CITY/STATE/ZIP	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER / ISSUING STATE	
SIGNATURE	DATE	

## NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

**IFE NDT, LLC** (the "Company") intends to obtain information about you for employment purposes from an investigative consumer reporting agency or consumer credit reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **SHIELD SCREENING, 11719 South Memorial, Bixby, OK 74008**. The source of any credit report will be **SHIELD SCREENING, 11719 South Memorial, Bixby, OK 74008**. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your student practicum and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



P.O. Box 850495  
Yukon, OK 73085  
Phone: 405-422-6303  
Fax 888-635-6440  
info@ifendt.com

## **WORKING HOURS**

The company's work week is Sunday to Saturday.

**Out of town travel and stay will be required.**

**When overtime is required, employees will be expected to work any additional time necessary.**

Work schedules for employees vary throughout our organization. Supervisors will advise employees of their individual work schedules. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week.

Supervisors will inform employees of scheduled break and/or lunch periods. Employees are expected back at their workstation ready to start work at the end of each scheduled lunch break and/or lunch period.

## **TRAVEL EXPENSE**

If your out of town work assignment includes a hotel stay, you will be reimbursed (per diem) at a rate of \$30.00 per working day on your following paycheck.

**Per diem will not be paid in advance.**

Travel time hourly wages are \$10/hour. Travel hours are based upon 'Google Maps'.