



Taking Applications  
for:

**Experienced Petroleum Maintenance Technician**

**Pre-Employment Drug Screening, BCI Background Check, and Competency Test**

**MUST HAVE: Valid Driver's License**

Please indicate if you have certification and or experience in the following:

Veeder-Root, Gilbarco, Wayne, Verifone, Ruby, Incon, Red Jacket, Eeco System, Gas Boy, Pump Maintenance, Dispenser Maintenance, UST Certified, Fiberglass and Flexible Piping.

Please include a list of references and or a resume with your application.

Please return all information to:

MVM Inc.  
11997 Runyan Drive  
Cincinnati, Ohio 45241  
Attn: Employment

Fax: 513-769-0024

[info@mvmincorporated.com](mailto:info@mvmincorporated.com)

# APPLICATION FOR EMPLOYMENT

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, DISABILITY, SEX OR NATIONAL ORIGIN, AS WELL AS DISCRIMINATION ON THE BASIS OF AGE AGAINST PERSONS BETWEEN THE AGE OF 40 AND 65 INCLUSIVE. SOME STATE AND CITY LEGISLATION PROHIBITS DISCRIMINATION BECAUSE OF AGE, MARITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. CONSULT COMPETENT COUNSEL FOR FURTHER INTERPRETATION.

PLEASE PRINT CLEARLY

Date \_\_\_\_\_

## PERSONAL

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street and number \_\_\_\_\_ Social Security No. \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

How many addresses have you had in the last 5 years? \_\_\_\_\_

How did you find out about this job? Newspaper  \_\_\_\_\_ Referral  \_\_\_\_\_ Other  \_\_\_\_\_

Driver License # \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work?  Yes  No

Salary desired \_\_\_\_\_ Least acceptable salary \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, do you have the legal right to work in the U.S. (i.e., green card)  Yes  No

Are you at least 16 years old?  Yes  No

## EMPLOYMENT DATA

Are you seeking:  Temporary  Full time  Part time

What position(s) are you applying for? \_\_\_\_\_

What hours and shift(s) would you prefer to work? \_\_\_\_\_

Please indicate any shift(s) you would not be available to work? \_\_\_\_\_

Are you willing to work overtime?  Yes  No Weekends?  Yes  No

EXPERIENCE, SPECIAL SKILLS, OR TRAINING: \_\_\_\_\_

Are you currently employed?  Yes  No When would you be able to start? \_\_\_\_\_

Have you ever worked for this organization before?  Yes  No Name used: \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

Are you on layoff and subject to recall?  Yes  No

Have you ever been discharged or asked to resign from any position?  Yes  No

If Yes please describe: \_\_\_\_\_

How many days have you missed from school or work within the last 12 months? \_\_\_\_\_ Been Late? \_\_\_\_\_

How many days of work have you missed in the last three years for other than sickness? \_\_\_\_\_

Please describe: \_\_\_\_\_

## EDUCATION

Please circle highest level attained

Elementary 1 2 3 4 5 6 7 8

High School 9 10 11 12

G.E.D.

Name and City: \_\_\_\_\_

College 1 2 3 4 5 6

Name & City: \_\_\_\_\_

Degree & Major: \_\_\_\_\_

If currently in high school, are you enrolled in a recognized co-op program: (such as D.E., C.V.A., V.O.E.)?  Yes  No

If yes, identify program and school: \_\_\_\_\_

## MILITARY SERVICE

Are you a veteran?  Yes  No If yes, give dates of service: From \_\_\_\_\_ to \_\_\_\_\_

Special skills or training: \_\_\_\_\_

# WORK HISTORY

Please list your last 4 employers. Begin with the most recent employer.

1. Company	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving	Supervisor's name and title				
Describe duties briefly:		Starting Salary:	Ending Salary:			
2. Company	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving	Supervisor's name and title				
Describe duties briefly:		Starting Salary:	Ending Salary:			
3. Company	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving	Supervisor's name and title				
Describe duties briefly:		Starting Salary:	Ending Salary:			
4. Company	Address	Phone	From		To	
			Mo.	Yr.	Mo.	Yr.
Job Title	Give specific reason for leaving	Supervisor's name and title				
Describe duties briefly:		Starting Salary:	Ending Salary:			

May we contact the employers listed above?  Yes  No If not, tell us which one(s) you do not wish us to contact and why.

How many jobs have you had in the last 10 years that are not listed above? \_\_\_\_\_

Why are you seeking a new position at this time? \_\_\_\_\_

What is the job you have enjoyed most and why? \_\_\_\_\_

List any outside interests including organizations you're active in that are business related: \_\_\_\_\_

Bonding and money handling security policies require that we ask if you have ever been convicted of a felony?  Yes  No  
 On parole?  Yes  No Awaiting Trial?  Yes  No

If yes, state the nature of the offense and disposition of the case. Include dates and places. NOTE: Felony convictions or the existence of a criminal record does not constitute an automatic bar to employment: \_\_\_\_\_

I authorize this company to make an investigation of all information contained in this application for employment and I release from all liability all companies and corporations supplying such information. I understand that any false answers, statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. Upon my formal written request, within a reasonable period of time, I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me; whether, prior to my employment or if employed by this company at any time thereafter. If requested, I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company may change wages, benefits and conditions at any time. My employment is at will. I have read and understand the above.

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

**CHECK OVER THE FOREGOING APPLICATION, BE SURE IT IS COMPLETE AND SIGNED, AND RETURN IT TO INTERVIEWER.**

# REFERENCE VERIFICATION

**APPLICANT NAME:** \_\_\_\_\_  
(Please print) Last First Middle

I give permission to \_\_\_\_\_ to obtain employment references necessary to make a hiring decision and hold persons giving references harmless and free of any and all liability that could result from this process.

I waive any provision impeding the release of this information, and agree to provide any information necessary for the release of this information and beyond that provided on the employment application and reference verification form.

\_\_\_\_\_  
SIGNATURE DATE

Former Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

City/State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Beginning Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Beginning Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Hours: \_\_\_\_\_ Did you work overtime? \_\_\_\_\_ How often? \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

How many days have you missed from work or school during the past 12 months? \_\_\_\_\_

Did you have a performance review?  Yes  No What was your last performance review rating? \_\_\_\_\_

What comments did your supervisor make at that time? \_\_\_\_\_

Describe your relationship with that supervisor. \_\_\_\_\_

What do you like best about your current (most recent) job? \_\_\_\_\_

When we speak to your former supervisors, we will ask them to rate your performance with regard to the following categories. Please rate yourself in the following categories, as you feel they will rate you.

**INITIATIVE:** The degree to which the employee acts independently in new situations; the extent to which they see what needs to be done and does it without being told.

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**DEPENDABILITY:** The extent to which the employee can be depended upon to be available for work and do it properly; the degree to which they are reliable and trustworthy.

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**PRODUCTIVITY:** The actual work output of the employee relative to other employees.

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**QUALITY:** Freedom from errors and mistakes; accuracy; quality of work in general.

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**EFFORT:** The degree to which the employee does his/her best to be a top employee.

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**JOB KNOWLEDGE:** Knowledge of the techniques, processes, procedures, products, equipment and materials required to do the job.

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**COOPERATIVENESS:** Willingness to work harmoniously with others in getting a job done; readiness to observe and conform to the policies of management.

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**COURTESY TOWARD CUSTOMERS & CO-WORKERS:** Respect, consideration, cooperation for the needs and wants of the customer and co-workers.

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**ATTENDANCE & PUNCTUALITY:**

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

**OVERALL PERFORMANCE:**

1	2	3	4	5
Unsatisfactory	Below Average	Average	Above Average	Outstanding

Did you resign from this position? \_\_\_\_\_ Discharged? \_\_\_\_\_ Laid-Off? \_\_\_\_\_

Were you ever disciplined on the job? Explain \_\_\_\_\_

**Employee comments:** \_\_\_\_\_

This Reference Verification Form is sold for general use throughout the United States. Humetrics, Inc., assumes no responsibility for use of said form or any questions, when asked by the employer of the job applicant, that may violate State and/or Federal law.