

Address: 2910 W. Directors Row, Salt Lake City, UT 84104

Office: (801) 972-5933 Fax: (801) 972-5937

Application for Employment

Vulcan Precision Linings (VPL) is an EEO/Affirmative Action Employer committed to excellence. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

<u>PLEASE TYPE OR PRINT</u>. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job phone numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):				Other names under which you have attended school or been employed:			
Street Address:				City	, State & Zip:			
Social Security Number: Home		Home	Phone:		Cell Phone:	Other Phone:		
Are you eligible to work in the United States?			Yes]No				
Are you 18 years o	f age or older?	1	Yes [No	If NO, what is your cu	irrent age?		
Are you currently employed? Company name:		Yes [] No	If YES, what is your current job title & department				
Have you ever been employed by VPL, or any rubber company?		Yes No If YES, dates of		If YES, dates of employ	employment & reason for leaving:			
Are you related to any current VPL employee?			Yes [No	If YES, their name & the	YES, their name & their relationship to you?		
If required for position, do you have a valid driver's license?			Yes] No	If YES, State of issuance, license #, and expiration date:			
How did you learn	about this emp	oloymen	t opportunity	at Vu	lcan Precision Linings?			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		☐Yes ☐ No				
GED:		☐Yes ☐ No				
Other School:		□Yes □ No				
College:		☐Yes ☐ No				
College:		Yes No				
College:		Yes No				
Other credentials/ license	•					applying.
LANGUAGE SKILLS: PI	ease list any langu	ages your currentl	y read, write or s	speak, other tha	n English	
High Security Clearance	□Yes □No □C		raining: Name		_ Current?	
VETERAN INFORMATI	ON: (Most Recer	nt)				
Branch of Service	Date of F	Entry Date of	f Discharge/ Typ	be Cu	rrent Reserve?	
SKILLS: Please list technicomputer systems and softwood (basic, intermediate, expert)	ware packages of v					

WORK EXPERIENCE-Please detail your work history for the past five years. Begin with your <u>current</u> or most recent employer. If you held multiple positions with the same organization, detail each position separately. <u>Attach additional sheets if necessary</u>. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: VPL reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent		Title:		
position)	Full time Part-time			
From: To				
10111	If part-time, # hrs./wk:			
Starting Salary:	Organization Name and Address:			
Starting Salary.	Organization Name and Address.			
71. 10.1				
Final Salary:				
Supervisor's Name, Title and	Other Reference Name, Title and	Contact my current references:		
Phone #:	Phone #:	At any time		
		Only if I am a finalist candidate		
Primary duties:		Reason for Leaving:		
Timary duties.		Reason for Leaving.		
Did you drive Commercial Motor Vehicle (CMV)? \[\text{Yes} \] No Was a CDL License required? \[\text{Yes} \] No Class Were you subject to the Federal Motor Carrier safety Regulations during this period? \[\text{Yes} \] No Were you subject to CFR part 40 controlled substance and alcohol testing during this period? \[\text{Yes} \] No				
Dates Employed (most recent		Title:		
position)	Full time Part-time			
From: To				
110111.	If nort time # hrs /xxlx:			
C: C.1	If part-time, # hrs./wk:			
Starting Salary:	Organization Name and Address:			
Final Salary:				
Supervisor's Name, Title and	Other Reference Name, Title and	Contact my current references:		
Phone #:	Phone #:	At any time		
		Only if I am a finalist candidate		
Primary duties:		Reason for Leaving:		
Timary duties.		Reason for Leaving.		
Did you drive Commercial Motor Vehicle (CMV)? \[Yes \] No Was a CDL License required? \[Yes \] No Class Were you subject to the Federal Motor Carrier safety Regulations during this period? \[Yes \] No Were you subject to CFR part 40 controlled substance and alcohol testing during this period? \[Yes \] No				

Dates Employed (most recent position)	Full time Part-tin	me	
From: To			
Starting Salary:	If part-time, # hrs./wk: Organization Name and A	ddress:	
		.	
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Ti Phone #:	At any	ny current references: y time if I am a finalist candidate
Primary duties:	1	Reason fo	or Leaving:
Was a CDL License required? Were you subject to the Federal Mere you subject to CFR part 40	Motor Carrier safety Regulation		
he following questions are based	l on the possible work sites a	t which VPL works:	
PL often works out of town at very	arious customer sites. Some	require criminal backg	
PL often works out of town at very action of the parate drug screening. The you eligible to work out of tow ave you ever been convicted of a series of the parameters.	arious customer sites. Some n?	require criminal backg o, explain tte:	
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Location	Date	Charge	Penalty
A. Have you ever been denied a licens	e nermit or privilege to operate a	motor vehicle? Ves	□ No
B. Has any license, permit, or privilege			
IF THE ANSWER TO EITHER (A) O	R (B) IS YES. ATTACH STATEN	MENT GIVING DETAILS	S.
	RIVING EXPERIENCE		
	Type of		Approx # of Mile
Class of Equipment	Equipment	Dates	driven
Straight Truck with 20ft Trailers			
Tractor and Semi-Trailer			
Tractor and two trailers			
Motor-coach- School Bus			
Other			
List states operated in the last five year	s		
Show special courses of training that w	ill help you as a driver:		
Which Safe Driving Awards do you ho	ld and from what?		
Show any trucking, transportation, or o			
snow any trucking, transportation, or o	ther experience that may help in y	our work for this company	y.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize Vulcan Precision Linings to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, motor vehicle record information and/or screening for illegal substances upon conditional offer of employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Vulcan Precision Linings serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that if employed on a seasonal or temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.

I understand that the first TWO MONTHS (60 days) of regular employment represent a probationary period, during which time I may be terminated without right of appeal.

Applicant Signature:	 Date: