



**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.

**PLEASE TYPE OR PRINT.** 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.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:			
Social Security Number:	Home Phone:	Cell Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed? Company name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
Have you ever been employed by VPL or any rubber company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you related to any current VPL employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for the position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at Vulcan 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:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**LANGUAGE SKILLS:** Other than English, please list any languages your currently read, write or speak

--

**MINE SITE CERTIFICATES: Do you currently hold or have held?**

MSHA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current?	Mine Site Training: Name _____ <input type="checkbox"/> Current?
	Mine Site Training: Name _____ <input type="checkbox"/> Current?
High Security Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Current? Explain _____	

**VETERAN INFORMATION:** (Most Recent)

Branch of Service	Date of Entry	Date of Discharge/ Type	Current Reserve?

**SKILLS:** Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, or expert)


**WORK EXPERIENCE:** Please detail your work history for the past five years. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. 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 position) From:            To	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Did you drive Commercial Motor Vehicle (CMV)? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a CDL License required? <input type="checkbox"/> Yes <input type="checkbox"/> No    Class _____ Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Did you drive Commercial Motor Vehicle (CMV)? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a CDL License required? <input type="checkbox"/> Yes <input type="checkbox"/> No    Class _____ Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates Employed (most recent position) From:            To	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time  If part-time, # hrs./wk: <input type="checkbox"/>	Title:

Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Did you drive Commercial Motor Vehicle (CMV)? <input type="checkbox"/> Yes <input type="checkbox"/> No Was a CDL License required? <input type="checkbox"/> Yes <input type="checkbox"/> No Class _____ Were you subject to the Federal Motor Carrier Safety Regulations during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**The following questions are based on the possible worksites at which VPL performs work:**

**VPL often works out-of-town at various customer sites. Some require criminal background checks and separate drug screening.**

Are you eligible to work out of town?  Yes  No If No, explain \_\_\_\_\_  
Have you ever been convicted of a violent Felony?  Yes  No Date: \_\_\_\_\_  
Are you currently on Probation or Parole?  Yes  No Date of completion: \_\_\_\_\_

Additional Explanation As Required


The following questions relate to driving and company vehicles or commercial motor vehicles (CMV)

**Accident Record for the past 3 years or more. Attach sheet if necessary. If none, write NONE.**

Dates	Nature of Accident	Fatalities	Injuries

**Traffic Convictions or Forfeitures for the past 3 years, other than parking. If none, write NONE.**

Location	Date	Charge	Penalty


A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

IF THE ANSWER TO EITHER (A) OR (B) IS YES. ATTACH STATEMENT GIVING DETAILS.

**DRIVING EXPERIENCE** If none, write NONE.

<b>Class of Equipment</b>	<b>Type of Equipment</b>	<b>Dates</b>	<b>Approx # of Miles Driven</b>
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 years \_\_\_\_\_

Show special courses of training that will help you as a driver: \_\_\_\_\_

Which Safe Driving Awards do you hold and from what? \_\_\_\_\_

Show any trucking, transportation, or other experience that may help in your work for this company.

---



---



---



---



---



---



---



---



---

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

I certify that the information on this application and its supporting documents are 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 represents a probationary period, during which time I may be terminated without right of appeal.

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