



ENGINEERING, INC.

EMPLOYMENT APPLICATION

PLEASE PROVIDE:

Date of application: ___/___/___

Last name: _____ First name: _____ Middle Initial: _____

Phone: _____

INTRODUCTION:

TANCO Engineering, Inc. engages in the erection of, and repair / modification to API-650 aboveground oil storage tanks. Our normal field work activities are divided into two "crafts": Welder (skilled) and Helper / Safety Watch (unskilled). In both crafts, previous experience with industrial construction is normally required.

The primary criteria we consider when evaluating welding candidates include: 1) the completion of any formal training (welding schools, certifications, etc.) and 2) any previous welding experience the candidate may possess. Prior to an offer of employment, welding candidates must complete a welding test to determine a certification level. These tests are administered at either a local testing site or TANCO's home office.

TANCO Engineering prides itself on providing a drug-free work environment. Any employment offer will be conditioned upon the candidate's successfully passing a pre-employment Drug/Alcohol screen according to U.S. DOT standards.

We do not discriminate on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions.

TANCO will review your application and contact you if there are any openings for which you are applying. If you have any questions while completing this application, please contact our Recruiting Manager at (970) 776-4200, or email at jobs@tancoeng.com.

Thank you for your interest in TANCO Engineering, Inc.

HOW DID YOU HEAR ABOUT TANCO:

Please tell us how you learned about TANCO Engineering:

- TANCO Website Ad - please list publication _____
- Referral - please list source _____ School Event - please list educational facility _____
- Other - please specify _____

POSITION:

Position applying for: Welder Helper Safety Watch
 Other – please specify: _____

Location (select one or both): Field Shop

Are you willing to travel? Yes No Do you have transportation? Yes No

If the job requires, do you have the appropriate driver's license? Yes No N/A (skip to next section)

Name on License: _____ Number: _____ Class: _____ State of Issue: _____

Have you had your driver's license suspended or revoked in the last 3 years?

Yes No If yes, give details:

PERSONAL INFORMATION:

Date of application: ____/____/____
 Last name: _____ First name: _____ Middle Initial: _____
 Email Address: _____ Social Security Number: _____
 Phone numbers: *Please check preferred contact number.* Home: (____)_____
 Work: (____)_____ Cell: (____)_____
 Current Address: _____
 City: _____ State: _____ Zip: _____
 Prior Address (if less than 3 years at current): _____
 City: _____ State: _____ Zip: _____
 Are you under 18? Yes No If yes, what is your birth date? ____/____/____
 Are you presently working? Yes No When can you start work? _____
 If hired, can you furnish proof you are eligible to work in the U.S.? Yes No
 Have you ever applied here before? Yes No If yes, when? _____
 Were you ever employed here? Yes No If yes, when? _____
 Do you have any relatives employed here? Yes No If yes, who? _____

EDUCATION:

	Name and Address	Years Completed	Diploma / Degree	Subjects Studied
High School/GED:				
College / University:				
Vocation / Technical/ Other:				

PROFESSIONAL LICENSES AND CERTIFICATIONS:

Do you have any certifications or licenses for the job applied for? Yes No
 Name and type of license/certification: _____
 License/Certification Number: _____
 Has your license/certification ever been revoked or suspended? Yes No
 If yes, state the reason(s), date of revocation or suspension and date of reinstatement: _____

WORK EXPERIENCE:

Additional testing of job related skills may be required prior to employment.

Do you have any tank building experience? Yes No
 If so, which type (select one or both): New construction Repair
 If repair: what types, with what company(s) and for how long?

Type of Repair	Company	Duration

WORK EXPERIENCE (CONTINUED):

What was the capacity or dimensions of the largest tank you have worked on? _____

Your tank experience has been (select one or both): In the field In the shop

The tank work we do involves heights up to 65-70 feet. Is there any reason why you could not perform the job at these heights? Yes No

If yes, please explain: _____

Do you have any welding experience? Yes No

If yes, how long have you been welding? _____

Have you worked with: Wire-Feed 7018 6010 7024 (mark all that apply)

Do you have any crane experience? Yes No

If yes, how long have you been operating? _____

What types of cranes can you operate? _____

Are you NCCCO certified? Yes No

What other machines or equipment can you operate that relate to the job for which you are applying?

Additional comments you would like to add regarding your work experience:

WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. A job offer may be contingent upon acceptable references from current and previous employers. Therefore, it is critical that you include the correct telephone numbers for past employers.

Most Recent Employer			
Are you currently working for this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company:		City:	State:
Phone:		Fax:	
From date:	To date:	Job Title:	Supervisor:
Duties:			
Salary:		Reason for leaving:	

2nd Most Recent Employer			
Company:		City:	State:
Phone:		Fax:	
From date:	To date:	Job Title:	Supervisor:
Duties:			
Salary:		Reason for leaving:	

WORK HISTORY (CONTINUED):

3rd Most Recent Employer			
Company:		City:	State:
Phone:		Fax:	
From date:	To date:	Job Title:	Supervisor:
Duties:			
Salary:		Reason for leaving:	

4th Most Recent Employer			
Company:		City:	State:
Phone:		Fax:	
From date:	To date:	Job Title:	Supervisor:
Duties:			
Salary:		Reason for leaving:	

REFERENCES:

Include only individuals familiar with your work ability. Do not include relatives:

Name	Phone (include area code)	Years Known	Relationship
1.			
2.			
3.			

Application continues on page 5

CERTIFICATION AND RELEASE:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may disqualify me from further consideration for employment and may result in my dismissal if discovered at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to investigate any or all of the statements contained in this application. I also authorize any person, school, current employer, past employers and organizations to provide relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I understand that I may be required to pass a drug screening application. I hereby consent to drug screening to detect the use of illegal drugs prior to and during employment. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination by a medical professional designated by the company. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTY EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read and understand, and by my signature consent to these statements.

Signature: _____

Date: _____

This application for employment will remain active for a limited time.

SUBMISSION INSTRUCTIONS:

Upon completion, please submit your application and other documents you wish to include (i.e. resume, reference letters, etc.) using one of the methods below:

Email: Send completed application as a PDF attachment to jobs@tancoeng.com

Fax: Fax completed application with cover sheet to (970) 624-6052, Attention: Recruiting Manager

Regular Mail: Mail your completed application to: TANCO Engineering, Inc.
Attn: Recruiting Manager
1400 Taurus Court
Loveland, CO 80537

Applicant Authorization to Release DOT Drug/Alcohol Test Results

SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: _____

Current Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Check boxes
only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer / company to furnish the DOT information requested in section 2 below.

Previous Employer: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: _____ Dates of Employment: _____ to _____

(Complete additional form for each previous DOT employer)

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to the Company listed above. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

_____ **Signature of Applicant** _____ **SSN** _____ **Date**

Release of Previous Employer's DOT Drug/Alcohol Testing Results

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- | YES | NO | |
|-------|--------------------------|--|
| _____ | _____ | 1. Any DOT alcohol test results of 0.04 or greater? |
| _____ | _____ | 2. Any DOT positive drug test results? |
| _____ | _____ | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) |
| _____ | _____ | 4. Other violations of DOT drug and alcohol testing regulations? |
| _____ | _____ | 5. Did a previous employer report a drug / alcohol rule violation to you? |
| _____ | _____ | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?* |
| | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but <u>NOT</u> subject to DOT regulations? |

*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

_____ **Name of Person Completing Form** _____ **Title** _____ **Phone** _____ **Date**