

Location: _____

Universal Lubricants, LLC

2824 N Ohio Street

Wichita, KS 67219

Phone (316) 832-0151 / Fax: (316) 832-0301



Application for Employment

Universal Lubricants is an equal opportunity employer which considers qualified applicants for all positions without regard to race, color, age, sex, religion, national origin, non-job related disability, marital status, veteran status or any other basis prohibited by applicable federal, state or local law.

PRINT IN BLUE OR BLACK INK. Fill out application form completely. If questions are not applicable, enter "NA."

Do not leave questions blank. Be sure to sign when completed

APPLICANTS WILL BE SUBJECT TO TESTING FOR ILLEGAL DRUGS

Date of Application: _____

Position(s) Applied for: _____ Desired Wage: _____

How did you hear about this position? _____

Name: _____ Social Security No. _____
Last First Middle

Other names you are known by or have worked under: _____

Are you over the age of 18? YES NO If no, can you provide proof of age? YES NO

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone _____ Email _____

*If at the above residence less than three years, list below all residences for the past three years.

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Do you have the legal right to work in the United States? YES NO

Are you now employed? YES NO If no, how long since leaving last employment? _____

Have you previously been employed by any Universal Lubricants Company? If yes, when? _____

Name(s) of any relatives employed by any Universal Lubricants Company: _____

Date available for work _____ Referred by (if applicable) _____

Have you ever been convicted of a felony or misdemeanor? YES NO

If your answer is "YES" to above question, for each conviction provide complete details including date of conviction(s), nature of offense(s) leading to conviction(s), and disposition of case(s). Convictions will not automatically bar employment but false statements will. All Circumstances will be considered.

Do you have a Driver's License? YES NO If yes, State _____ License # _____

MILITARY

Have you ever been in the Armed Forces? YES NO

Are you now a member of The National Guard? YES NO

Specialty: _____ Date Entered: _____ Discharge Date: _____

EDUCATION

Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.

High School Graduate or GED? YES NO

If yes, provide the name of the high school or GED institute and dates of attendance.

Type of School	Name of School	Location	Number of Years Completed	Major & Degree	Date of Graduation
Business or Trade School					
College/ University					
Post Graduate					

EMPLOYMENT HISTORY

All applicants must list all full and part-time employment, including military service, self-employment, and periods of unemployment during the preceding 10 years. Any gaps in employment must be explained. Please complete even if you attach a resume. A resume alone is NOT acceptable. List most recent employer first. Attach additional sheets if necessary.

You are required to list the complete mailing address, street number, city, state and zip code.

LAST EMPLOYER

Name of Employer:
Address (city, state, zip):
Phone Number: () -
Name of Supervisor:
Position Held:
Employment Date: FROM: TO:
Reason for Leaving:
Did you drive a vehicle requiring a CDL? YES NO
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.
Account for period between jobs (including dates and reason):

SECOND LAST EMPLOYER

Name of Employer:
Address (city, state, zip):
Phone Number: () -
Name of Supervisor:
Position Held:
Employment Date: FROM: TO:
Reason for Leaving:
Did you drive a vehicle requiring a CDL? YES NO
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.
Account for period between jobs (including dates and reason):

THIRD LAST EMPLOYER

Name of Employer:		
Address (city, state, zip):		
Phone Number: () -		
Name of Supervisor:		
Position Held:		
Employment Date:	FROM:	TO:
Reason for Leaving:		
Did you drive a vehicle requiring a CDL? YES NO		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Account for period between jobs (including dates and reason):		

Additional Employment Information

Name of Employer:		
Address (city, state, zip):		
Phone Number: () -		
Name of Supervisor:		
Position Held:		
Employment Date:	FROM:	TO:
Reason for Leaving:		
Did you drive a vehicle requiring a CDL? YES NO		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
Account for period between jobs (including dates and reason):		

Are you currently working for another employer? YES NO

At this time, do you intend to work for another employer while still employed
by this company? YES NO

CLERICAL SKILLS AND EXPERIENCE

Proficiency	Expert	Intermediate	Beginner	No Experience	Not Applicable to Position
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other _____

MAINTENANCE EXPERIENCE AND QUALIFICATIONS MAINTENANCE APPLICANTS ONLY

List courses and training in maintenance work: _____

Job Function

Indicate training & experience in the following:	Formal Training (check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up & Rebuild			Electrical Repair		
Gas Engine Tune-up & Rebuild			Frame & Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Auto Repair		

Shop Equipment

Indicate training & experience in the following:	Formal Training (check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Frame & Axle Straightening Equipment			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Diagnostic Equipment [Types(s)]			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Auto Repair		

Indicate any ASE Certifications: _____

The following section is **ONLY** for Positions requiring a CDL (Commercial Driver’s License).

EXPERIENCE & QUALIFICATIONS: DRIVER APPLICANT ONLY

I understand that information I provide regarding my current and/or previous employer(s) may be used, and those employer(s) contacted for the purpose of investigating my safety performance history as required by 49 CFR Part 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

I hereby certify that the information regarding my CDL and previous driving history is correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration for employment or dismissal from employment in accordance with Company policy.

CDL/Driver Applicant Signature

Date

Date of Birth [Required in accordance with 49 CFR Part 391.21(b)(2)]: _____

Were any of your previous positions designated as a safety-sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR Part 40? Yes NO

Drivers Licenses held in past 3 years must be shown.

State	License Number	Class	Endorsement(s)	Expiration Date

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 you answered “yes” to A or B explain why.

LICENSE INFORMATION: DRIVER APPLICANT ONLY

UNEXPIRERED LICENSE: Section 383.21 FMCSR states “No person who operates a commercial vehicle shall at any time have more than one driver license.” I certify that I do not have more than one active motor vehicle license, the information for which is listed below:

State: _____ License No. _____ Type: _____ Exp. Date: _____

DRIVING EXPERIENCE: DRIVER APPLICANT ONLY

Class of Equipment	Type of Equipment (van, tank, flat, dump, etc.)	Dates	Approximate Number of Miles (Total)
Straight Truck: YES NO		to	
Tractor & Semi-Trailer: YES NO		to	
Tractor-Two Trailers: YES NO		to	
Tractor-Three Trailers: YES NO		to	
Other:		to	
		to	

List all states in which you have operated during the past 10 years:

List special courses or training that will help you as a driver:

List all safe driving awards you have received and the company or entity presenting the award:

ACCIDENT RECORD for past 3 years: DRIVER APPLICANT ONLY

(If none, write the word none.)

Dates	Nature of Accident (Head-On, Rear-End, upset, etc.)	Fatalities	Injuries	Hazardous Material spill
Last Accident				
Next Previous				
Next Previous				

*Attach separate sheet if more space is needed.

TRAFFIC CONVICTIONS AND FORFEITURES for past 3 years (other than parking violations):

DRIVER APPLICANT ONLY

(If none, write the word "none.")

Location	Date	Charge	Penalty

*Attach separate sheet if more space is needed.

***** ADDITIONAL *****

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Acknowledgements, Notifications and Releases

I certify that the information contained in this Application is correct to the best of my knowledge and belief. I understand that any falsification, misrepresentation, or omission of facts or information called for herein will result in rejection of this Application and my disqualification from further consideration of employment in accordance with Company policy, or if hired, disciplinary action up to and including dismissal.

Applicant's Initials

I hereby authorize Universal Lubricants to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer, previous employers, law enforcement and other organizations or entities contacted by Universal Lubricants to provide any relevant information regarding my current and/or previous employment; and I release all persons, schools, employers, organizations, law enforcement agencies and other entities from any liability for any and all claims related to or arising from providing such information to Universal Lubricants.

Applicant's Initials

I understand that as a condition of employment with Universal Lubricants, I will be required to sign a confidentiality and/or non-competition or non-solicitation agreement. I further understand that nothing contained in this Application or conveyed during any interview which may be granted is intended create or creates an employment contract; and I also understand that completion of this Application does not indicate that is position currently is available nor does it obligate Universal Lubricants to offer me employment or hire me.

Applicant's Initials

Subject to any applicable Federal, State, or local laws, I hereby authorize Universal Lubricants to seek and obtain a consumer report and/or investigative report at any time during the application review process or, if I am hired, at any time during my employment with Universal Lubricants, that may include personal information regarding me including, but not limited to credit history, educational history, work references, and criminal convictions, in order to assist Universal Lubricants in making employment decisions. I further authorize Universal Lubricants to provide such reports to other firms contacted for that purpose.

Applicant's Initials

I, in behalf of myself, my heirs, assigns and legal representatives hereby release and fully discharge and dismiss Universal Lubricants, its parent, affiliated, and subsidiary companies and its and their respective officers, directors, shareholders, employees, and agents, including subcontractors, from any and all claims, monetary or otherwise that I have or may assert against Universal Lubricants arising from the making or use of either a consumer report of an investigative consumer report.

Applicant's Initials

I understand and agree that if I am employed by Universal Lubricants; my employment will be at will, meaning that the employment is for no specified period and may be terminated for any reason either by me or by Universal Lubricants at any time without prior notice.

Applicant's Initials

I understand that any offer of employment made to me by Universal Lubricants is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed in the United States, as required by the Immigration Reform and Control Act of 1986. My failure to provide required documentation within 3 business days of employment will result in termination or suspension of my employment without pay until all I-9 requirements are satisfactorily met.

Applicant's Initials

This Application is active for 60 days from the date it is completed, or until any specific position for which it was submitted is closed, whichever date is earlier. Subsequent to the described active period, in order to be considered for employment for this or any other position, I must submit a new Application.

Applicant's Initials

In order to provide a safe and healthful environment for our employees, customers, visitors and members of the public, Universal Lubricants prohibits the possession, distribution, use consumption or being under the influence of alcohol or illegal or unauthorized drugs when on Company premises, Company business or when operating any Company vehicle or equipment. As a condition of employment, I may be required to undergo a post offer employment medical examination and substance abuse screening test at the expense of and as prescribed by Universal Lubricants, and that any offer of employment is conditioned upon my successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests to complete the employment file, or to continue my employment with Universal Lubricants if I already am employed. These tests may include but are not necessarily limited to random, for cause, reasonable suspicion, post-accident, alcohol and substance abuse screening tests. Refusal to submit to such screening tests as requested will constitute voluntary withdrawal of my application for employment. I accept and agree to Universal Lubricant's conditions for consideration of employment and consent to the required alcohol and drug test and any other pre-employment physical examinations including laboratory studies that may be required to verify my ability to perform work safely. I agree to submit to these medical tests if requested and hereby authorize the testing and collection agency to provide the results of these tests to Universal Lubricants. I further release Universal Lubricants and its agents or employees from any and all liabilities, claims and actions arising from such alcohol and substance abuse testing including but not limited to the testing procedures, the analysis, and the disclosure of test results. A machine copy of this form shall have the same force and effect as the original.

Applicant's Initials

I have read the above information carefully. This Application was completed by me and all entries and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date