



## Employment Application Instructions

Thank you for your expression of interest in employment with Caldwell Tanks, Inc.

Caldwell Tanks is an Equal Employment / Affirmative Action Employer and has a long-standing commitment to equal employment opportunity to all qualified persons. There shall be no discrimination against applicants or employees because of race, color, religion, sex, sexual orientation, gender identity, national origin, disability, status as a protected veteran, age (40+), pregnancy, or any other characteristic or status protected by federal, state, or local law.

Employment applications will be accepted only for open positions and from those applicants who meet the minimum requirements of that open position. Unsolicited résumés are not considered. It is necessary to submit a separate application for another position to express interest in that position.

Please answer all questions on this form and inserts to the best of your ability so that your qualifications may be carefully reviewed and given thorough consideration. All sections must be completed in its entirety. No question on this application is intended to secure information to be used for the purposes of discriminating. Any misrepresentation of the facts omitted or false statements on this application may result in immediate disqualification of this application or immediate dismissal after employment begins.

- Personal information – complete all sections.
- Position Applied for – Enter the name of the position for which you meet the minimum requirements.
- Education – List all schools attended.
- Employment Experience – Complete this section, entering your most recent job first.
- Military Service Record – Answer yes or no to both questions.
- Experience / Skills / Equipment Knowledge – check applicable items.
- Personal References – Supply detailed information (not relatives or former employees).
- Statement – Please read carefully –sign and date application.
- Review and complete Invitation to Self-Identify.
- Submit completed application and inserts to Human Resources.

Caldwell will contact persons selected for the next step. No call means the application was not selected.

***All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or status as a protected veteran.***



# CONFIDENTIAL APPLICATION FOR EMPLOYMENT

PLEASE PRINT IN INK

## TO THE APPLICANT

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Please answer all questions on this form to the best of your ability so that your qualifications may be carefully reviewed and given thorough consideration. No question on this application is intended to secure information to be used for the purposes of discriminating.

PERSONAL					
NAME		LAST	FIRST	MIDDLE	
PRESENT ADDRESS	STREET				HOME ( ) -
					CELL ( ) -
					WORK ( ) -
CITY	STATE	ZIP	FROM:	TO:	
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?			YES_____	NO_____	

POSITION OBJECTIVE				
POSITION APPLIED FOR	FULL TIME _____ PART TIME _____	SHIFTS 1ST___2ND___3RD___	SALARY EXPECTED \$/Yearly	START DATE
HAVE YOU PREVIOUSLY APPLIED FOR A POSITION OR WORKED FOR CALDWELL TANKS, INC.? YES_____ NO_____		IF YES, WHEN? _____ POSITION HELD _____		
IF YOU ARE ACQUAINTED WITH OR RELATED TO ANY CALDWELL TANKS, INC. EMPLOYEE OR DIRECTOR, PLEASE INDICATE NAME AND RELATIONSHIP. _____				

EDUCATION (List Name of Last School/Institution Attended for Each Category)					
NAME, ADDRESS, CITY, STATE, AND ZIP	MAJOR COURSE OR SUBJECT	LAST YEAR COMPLETED	GRADUATED YES OR NO	GPA	DEGREE
HIGH SCHOOL OR PREPARATORY					
BUSINESS / VOCATIONAL / OTHER					
COLLEGE					

# EMPLOYMENT EXPERIENCE

(List All Full Time and Part Time Employment; List Recent First)

EMPLOYED		FIRM'S NAME	AREA CODE & PHONE #
FROM:	TO:		
MO/YR	MO/YR	ADDRESS (INCLUDING CITY, STATE, ZIP)	

STARTING POSITION	ENDING POSITION
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DUTIES

REASON FOR SEEKING NEW EMPLOYMENT

NAME AND TITLE OF SUPERVISOR OR MANAGER

EMPLOYED		FIRM'S NAME	AREA CODE & PHONE #
FROM:	TO:		
MO/YR	MO/YR	ADDRESS (INCLUDING CITY, STATE, ZIP)	

STARTING POSITION	ENDING POSITION
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DUTIES

REASON FOR SEEKING NEW EMPLOYMENT

NAME AND TITLE OF SUPERVISOR OR MANAGER

EMPLOYED		FIRM'S NAME	AREA CODE & PHONE #
FROM:	TO:		
MO/YR	MO/YR	ADDRESS (INCLUDING CITY, STATE, ZIP)	

STARTING POSITION	ENDING POSITION
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DUTIES

REASON FOR SEEKING NEW EMPLOYMENT

NAME AND TITLE OF SUPERVISOR OR MANAGER

# MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE ARMED FORCES OF THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

WERE YOU DISCHARGED FROM THE ARMED SERVICES UNDER HONORABLE CONDITIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

## INDICATE EXPERIENCE / SKILLS / OR EQUIPMENT KNOWLEDGE

(Tests May be Administered for Proof)

\_\_\_\_\_ PC-BASED WORD PROCESSING SOFTWARE

\_\_\_\_\_ PC-BASED SPREADSHEET SOFTWARE

\_\_\_\_\_ PC-BASED ACCOUNTING SOFTWARE

\_\_\_\_\_ ACCOUNTING

\_\_\_\_\_ PROGRAMMING

\_\_\_\_\_ ENGINEERING

\_\_\_\_\_ DRAFTING

\_\_\_\_\_ CAD-CAM

\_\_\_\_\_ VALID DRIVER'S LICENSE (Please check  
only if you are applying for truck driver position.)

\_\_\_\_\_ PURCHASING

\_\_\_\_\_ SAFETY

\_\_\_\_\_ LOSS CONTROL

\_\_\_\_\_ CONTRACT ADMINISTRATION

\_\_\_\_\_ PROJECT MANAGEMENT

\_\_\_\_\_ STEEL FABRICATION

\_\_\_\_\_ WELDING

\_\_\_\_\_ PAINTING

\_\_\_\_\_ SUPERVISION / MANAGERIAL EXPERIENCE

\_\_\_\_\_ FIELD CONSTRUCTION

\_\_\_\_\_ ESTIMATING / SALES

\_\_\_\_\_ BLUEPRINT INTERPRETATION

\_\_\_\_\_ OVERHEAD CRANE \_\_\_\_\_

\_\_\_\_\_ FORKLIFT

\_\_\_\_\_ Other \_\_\_\_\_

WHY ARE YOU INTERESTED IN EMPLOYMENT WITH CALDWELL TANKS? \_\_\_\_\_

# PERSONAL REFERENCES

LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

NAME _____	NAME _____	NAME _____
ADDRESS _____ (City, State & Zip)	ADDRESS _____ (City, State & Zip)	ADDRESS _____ (City, State & Zip)
PHONE NUMBER _____	PHONE NUMBER _____	PHONE NUMBER _____
OCCUPATION: _____	OCCUPATION: _____	OCCUPATION: _____

## STATEMENT (Please read carefully)

I hereby certify that the answers given and statements made are true and correct. I understand that misrepresentation of the facts, or omitted or false statements on this application may result in immediate disqualification of this application or immediate dismissal after employment begins. I hereby authorize all my previous employers and references to furnish any information concerning my personal character or employment records. You may make investigation through credit and other investigating agencies, and I release persons making such inquiries from liability or damages incurred as a result of inquiry and furnishing this information. I agree that the submission of this application to Caldwell and its acceptance does not imply that there are any positions open and does not in any way obligate Caldwell. I understand and agree that if employed, my employment will be for no fixed term and will be terminable at will by either party at any time with or without cause and without any previous notice from the employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or status as a protected veteran.

DATE \_\_\_\_\_

APPLICANT'S SIGNATURE (Full Name) \_\_\_\_\_

## DO NOT WRITE BELOW THIS SPACE

INTERVIEWER(S) \_\_\_\_\_ DATE OF INTERVIEW \_\_\_\_\_

COMMENTS \_\_\_\_\_

TENTATIVE ACTION TAKEN \_\_\_\_\_

FINAL ACTION TAKEN \_\_\_\_\_

**CALDWELL TANKS, INC.**  
**Job Applicant Self Identification of Race/Ethnicity and Gender**

Caldwell is a federal contractor subject to Title 41, Part 60 of the Code of Federal Regulations, Equal Employment Opportunity, which requires us to develop and implement affirmative action plans to ensure equal employment opportunity and non-discrimination. Therefore, in an effort to comply with applicable government regulations, and to ensure equality of employment opportunities to all individuals, we are requesting that you assist us in our effort by providing us with the following information. **This form will be used for statistical purposes only.** *Your submission of this information is voluntary.* Failure to provide this information will not affect our consideration of your application for employment. This document will not become part of your employment application or personnel file in the event that you are hired.

**ETHNICITY/RACE:**

- \_\_\_\_\_ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)
- \_\_\_\_\_ White (Non Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- \_\_\_\_\_ Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- \_\_\_\_\_ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- \_\_\_\_\_ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- \_\_\_\_\_ Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- \_\_\_\_\_ I do not wish to disclose.

- Gender:** \_\_\_\_\_ Male  
\_\_\_\_\_ Female  
\_\_\_\_\_ Non-binary

**How Did You Find Out About This Position:**

- \_\_\_\_\_ Newspaper or Other Publication  
\_\_\_\_\_ State Employment Office  
\_\_\_\_\_ High School or Career Office  
\_\_\_\_\_ Internet Website  
\_\_\_\_\_ Preload Employee Referral  
\_\_\_\_\_ Preload Website  
\_\_\_\_\_ Recruiter  
\_\_\_\_\_ Other (Please explain)

**Position Applied For:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*If you have any questions about the government requirements or this request,  
please contact our Human Resources Department at 502-964-3361.*

**All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or status as a protected veteran.**



## Veteran Status Pre-Offer Solicitation

Caldwell Tanks is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) disabled veterans**
- (2) recently separated veterans**
- (3) active duty wartime or campaign badge veterans**
- (4) Armed Forces service medal veterans**

These classifications are defined as follows:

- A “disabled veteran” is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
  - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed Forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above
- I am not a protected veteran
- I decline to disclose my veteran status

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Date**

## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_