



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

As an equal opportunity employer, HOVENSA L.L.C. complies fully with all laws prohibiting discrimination in employment because of race, color, religion, national origin, sex, age, pregnancy, disability, veteran status or any other basis protected by law.

Please complete the application as thoroughly and accurately as possible. Print in black ink and answer all questions. Resume cannot be substituted.

POSITION DESIRED		PREFERRED LOCATION		DATE		
PERSONAL	NAME: LAST		FIRST		MIDDLE	
	RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)				SOCIAL SECURITY NO.	
	MAILING ADDRESS IF DIFFERENT THAN CURRENT RESIDENT ADDRESS				PHONE NUMBER ( )	
	PREVIOUS ADDRESS - COMPLETE IF RESIDING AT CURRENT ADDRESS LESS THAN FIVE YEARS (STREET, CITY, ETC.)				HOW LONG?	
	HOW DID YOU ESTABLISH CONTACT WITH HOVENSA?					
	<input type="checkbox"/> EMPLOYMENT AGENCY (NAME) _____		<input type="checkbox"/>			
	ADVERTISEMENT(WHERE) _____					
	<input type="checkbox"/> EMPLOYEE REFERRAL (WHO) _____		<input type="checkbox"/> OTHER			
	HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY		DATE:		LOCATION	
	<input type="checkbox"/> NO <input type="checkbox"/> YES		FROM TO			
IF YOU HAVE EVER APPLIED FOR A POSITION WITH HOVENSA BEFORE, STATE WHEN AND WHERE.						
ARE YOU PREVENTED FROM LAWFULLY OBTAINING EMPLOYMENT IN THE UNITED STATES BECAUSE OF VISA OR IMMIGRATION STATUS? (TO COMPLY WITH FEDERAL LAW, THOSE HIRED MUST PROVIDE APPROPRIATE DOCUMENTS THAT ESTABLISH IDENTITY AND EMPLOYMENT ELIGIBILITY) <input type="checkbox"/> NO <input type="checkbox"/> YES						
IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATION OF A MOTOR VEHICLE, DO YOU POSSESS THE PROPER DRIVER'S LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES WHICH STATE? _____ LICENSE #? _____						
ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> NOT AT ALL <input type="checkbox"/> LESS THAN 10% OF TIME <input type="checkbox"/> MODERATE, TO 30% <input type="checkbox"/> OVER 50%						
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, LIST ANY RESTRICTIONS _____						
NOTE: Criminal convictions do not automatically disqualify any individual from employment. Circumstances surrounding a conviction, including the nature of the offense, the time of the offense, and any evidence of rehabilitation since the offense will be reviewed and taken into account, in light of the position for which you are being considered.						
HAVE YOU EVER BEEN CONVICTED OF OR FINED FOR THE COMMISSION OF A CRIMINAL OFFENSE, MISDEMEANOR OR FELONY, INCLUDING DRIVING UNDER THE INFLUENCE, MOVING VIOLATIONS (FOR EXAMPLE, RUNNING A RED LIGHT, SPEEDING, RECKLESS DRIVING, ETC.) POSSESSION OF ILLEGAL SUBSTANCES, ETC? <input type="checkbox"/> NO <input type="checkbox"/> YES						
IF THE ANSWER TO THE ABOVE IS YES, LIST ALL OCCURRENCES IN DETAIL BELOW, INCLUDING ALL CONVICTIONS (FELONY AND MISDEMEANOR) AND MOVING VIOLATIONS. IF NECESSARY, ATTACH ADDITIONAL SHEETS.						
Name (at time of conviction or fine)		Date	Charge	Law Agency	Penalty / Sentence	
NAMES OF RELATIVES EMPLOYED BY THIS COMPANY (IF ANY) AND WHERE EMPLOYED.						
EDUCATION	SCHOOL NAME AND ADDRESS		DATES ATTENDED (SHOW MONTH/YEAR) FROM TO		DEGREE RECEIVED	
	HIGH SCHOOL					
	TECHNICAL/TRADE SCHOOL					
	COLLEGE					
	GRADUATE SCHOOL					
GED? <input type="checkbox"/> NO <input type="checkbox"/> YES						
SPECIAL TRAINING NOT SHOWN ABOVE						

LIST ANY LICENSES, CERTIFICATIONS, ETC. YOU HOLD WHICH ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING						
P R E V I O U S  E M P L O Y M E N T	EMPLOYER (INCLUDE ALL U.S. MILITARY SERVICE) 1. LIST LAST JOB FIRST 2. LIST OTHERS IN REVERSE CHRONOLOGICAL ORDER 3. SHOW NAME BY WHICH YOU WERE KNOWN TO EACH EMPLOYER, IF DIFFERENT FROM YOUR PRESENT NAME. 4. EXPLAIN ANY PERIODS OF UNEMPLOYMENT.		DESCRIPTION OF POSITION AND DUTIES 1. FOR SALES POSITIONS, STATE PRODUCTS SOLD, TERRITORY AND HOW ACCOUNTS WERE OBTAINED. 2. FOR CONTRACT POSITIONS, LIST NAMES OF CLIENT COMPANIES, DATES OF WORK AND PROJECT DESCRIPTIONS ON SEPARATE SHEET.		PERIOD OF EMPLOYMENT (SHOW MONTH/YEAR)	
	1. NAME OF EMPLOYER		ADDRESS, TYPE OF BUSINESS, DESCRIPTION OF POSITION AND DUTIES		FROM	TO
	PHONE NO.				<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME
	NAME AND TITLE OF IMMEDIATE SUPERVISOR			STARTING SALARY \$ PER	LEAVING SALARY \$ PER	
	REASON FOR LEAVING			COMMISSION \$ /YR.	BONUS \$ /YR.	COMMISSION \$ /YR.    BONUS \$ /YR.
	2. NAME OF EMPLOYER		ADDRESS, TYPE OF BUSINESS, DESCRIPTION OF POSITION AND DUTIES		FROM	TO
	PHONE NO.				<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME
	NAME AND TITLE OF IMMEDIATE SUPERVISOR			STARTING SALARY \$ PER	LEAVING SALARY \$ PER	
	REASON FOR LEAVING			COMMISSION \$ /YR.	BONUS \$ /YR.	COMMISSION \$ /YR.    BONUS \$ /YR.
	3. NAME OF EMPLOYER		ADDRESS, TYPE OF BUSINESS, DESCRIPTION OF POSITION AND DUTIES		FROM	TO
	PHONE NO.				<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME
	NAME AND TITLE OF IMMEDIATE SUPERVISOR			STARTING SALARY \$ PER	LEAVING SALARY \$ PER	
REASON FOR LEAVING			COMMISSION \$ /YR.	BONUS \$ /YR.	COMMISSION \$ /YR.    BONUS \$ /YR.	
INSTRUCTIONS:    1. DO NOT LIST EMPLOYERS OR RELATIVES                      2. LIST 1 OR 2 TEACHERS (RECENT GRADUATES)                      3. LIST 1 CHARACTER REFERENCE						
R E F E R E N C E S	NAME		ADDRESS	PHONE	TITLE/OCCUPATION	YEARS KNOWN
	HAVE YOU SIGNED A NON-DISCLOSURE STATEMENT WITH A PREVIOUS EMPLOYER?			IF YES, FOR WHICH EMPLOYER AND FOR HOW LONG A NON-DISCLOSURE PERIOD?		
<input type="checkbox"/> NO <input type="checkbox"/> YES						
APPLICATION ACKNOWLEDGMENT						
<b><u>PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING BELOW.</u></b>						
I understand that any dispute between HOVENSA and me arising out of this application to the extent allowed by controlling law will be resolved under the HOVENSA Dispute Resolution Program (the Program) and that I may obtain a copy of the Program from the HOVENSA HR Department. To the extent allowable by controlling law, disputes involving legally protected rights will be submitted to binding arbitration and I waive any right to bring a lawsuit or have a jury trial for any such dispute.						
<b><u>Misrepresentation of information.</u></b> I certify that all information given on this application and in connection with my application for employment is true and correct. I agree that any falsification, misrepresentation or omission of facts supplied by me will result in making this application void; and will, if I become employed, result in the termination of my employment, regardless of when discovered.						
<b><u>Accommodations needed in employment process.</u></b> I understand that I may request necessary accommodations to participate in the application or testing process, and accommodations determined to be reasonable by the Company will be provided.						
I hereby acknowledge that I have read, understand and agree to the preceding statements and to the best of my knowledge and belief, the information on the application form is true and correct.						
<b><u>Background investigation.</u></b> I understand that as part of normal procedure for processing employment applications and employment requests, an inquiry will be made concerning information which may include my work history, education, criminal history, character, credit history and eligibility to work in the United States. I authorize HOVENSA L.L.C. to make these inquiries, to investigate all statements in this application and to secure any necessary information from my employers, references, government entities and academic institutions and I agree to cooperate in this process.						
<b><u>Medical examination; substance abuse test.</u></b> In making this application, I agree that as a condition of employment I may be required to have a medical examination, including urinalysis or other drug test.						
DATE:		SIGNATURE OF APPLICANT:				

