



CORPORATE OFFICE • OKLAHOMA CITY
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 (580) 237-3211 FAX

202 SE "J" Ave
 Lawton, OK 73501-2481
 (580) 353-0872
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**APPLICATION FOR EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER**

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

GENERAL INFORMATION

Name (Print) _____ Home or Nearest Phone _____

Address _____ Emergency Phone Number _____

City _____ State _____ Zip Code _____ E-Mail _____

Are you over the age of 18? _____ Yes _____ No Social Security No. _____ / _____ / _____

Do you have the legal right to work in the United States? _____ Yes _____ No

Position(s) applied for _____ When could you report to work? _____

Type of employment ___ Full Time ___ Part Time ___ Temporary Rate of Pay Expected _____

What days and hours if part time? Days _____ Hours _____

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Check last year completed	Graduate? Give Degree
Elementary			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	

BACKGROUND INFORMATION

Have you applied for a job with us before? ___ Yes ___ No Have you ever worked for us before? ___ Yes ___ No

If so, when? _____ If so, when? _____

Have you ever been convicted of or pled guilty or "no contest" to a felony? _____ Yes _____ No. If so, state offense, date, court, and place where conviction occurred. _____

NOTE: Conviction of a felony does not automatically disqualify an applicant for employment.

Are you employed now? ___ Yes ___ No If so, why do you desire to make a change? _____

WORK RECORD

(Start with most recent or present employer and complete in full.)

1. Name and Address of Most Recent Employer:

Immediate Supervisor _____ Date Hire _____ Starting Rate _____

Job Title & Duties _____ Date Left _____ Last Rate _____

Reason for Leaving: _____ May we contact this employer? Yes ___ No ___

Telephone No. _____

2. Name and Address of Most Recent Employer:

Immediate Supervisor _____ Date Hire _____ Starting Rate _____

Job Title & Duties _____ Date Left _____ Last Rate _____

Reason for Leaving: _____ May we contact this employer? Yes ___ No ___

Telephone No. _____

3. Name and Address of Most Recent Employer:

Immediate Supervisor _____ Date Hire _____ Starting Rate _____

Job Title & Duties _____ Date Left _____ Last Rate _____

Reason for Leaving: _____ May we contact this employer? Yes ___ No ___

Telephone No. _____

4. Name and Address of Most Recent Employer:

Immediate Supervisor _____ Date Hire _____ Starting Rate _____

Job Title & Duties _____ Date Left _____ Last Rate _____

Reason for Leaving: _____ May we contact this employer? Yes ___ No ___

Telephone No. _____

CERTIFICATIONS and LICENSES

Please provide any additional information such as certifications, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application. _____

DRIVING RECORD

(Complete this section only if you are applying of a job which requires on the job driving or have otherwise been instructed by Standard Testing and Engineering Company to do so).

Do you have a valid driver's license and/or other driving certification(s)? _____ Yes _____ No

If so, what type(s), _____ Class A, _____ Class B, _____ Class D and subject to what restrictions, if any?

Give the state, number, expiration date and date of birth: _____

Have you been cited for moving violation within the last five years? _____ Yes _____ No If so, state the violation(s), date(s), place(s) and resolution of the citation(s) _____

REFERENCES

(Do not list relatives)

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

FOR OFFICE USE ONLY

Interviewed by: _____ Date _____

Hired _____ for Dept. _____ Position _____ Will start _____ Salary _____

Approved by: _____
Department Head General Manager

PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE SIGNING

JOB APPLICANT'S CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient reason for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and, except as indicated above, I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education or employment record. I release all such persons from any liability or damages on account of having furnished such information. I consent to such investigations as Standard Testing and Engineering Company may make regarding driving records, law enforcement records, credit reports and my general background. I further understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

I understand that nothing contained in this employment application or in the granting of an interview or of a position of employment is intended to create an employment contract between Standard Testing and Engineering Company and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no promise or guarantee of employment for any specific length of time or under any specified circumstances shall be binding upon Standard Testing and Engineering Company unless made in writing by or with the express written consent and authorization of Tom Kelly, President. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that Standard Testing and Engineering Company retains the same right.

I understand that, depending on the position applied for, prior to being offered employment with Standard Testing and Engineering Company I may be requested to take an examination pertaining to skills or equipment operation. In the event I have a disability which will affect my ability to take the test, I will so inform Standard Testing and Engineering Company prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Standard Testing and Engineering Company reserves the right to require medical documentation concerning the need for the accommodation.

I understand that, if I am initially offered a position of employment, Standard Testing and Engineering Company may require me to pass a medical exam prior to the commencement of work and as a condition of employment. I also understand that drug and/or alcohol tests are a condition of employment and that refusal to submit to such tests when asked by Standard Testing and Engineering Company shall be considered sufficient reason for denial of employment or discharge.

I understand that if employed, the policies and rules which are issued by Standard Testing and Engineering Company are not conditions of employment and that Standard Testing and Engineering Company may revise policies or procedures, in whole or in part, unilaterally at any time.

IMPORTANT: IF YOU DO NOT UNDERSTAND OR IF YOU DISAGREE WITH ANY PORTION OF THE ABOVE CERTIFICATION, DO NOT SIGN BEFORE DISCUSSING WITH STANDARD TESTING AND ENGINEERING COMPANY.

Signature of Applicant _____ Date _____