



Tank Technology inc.

EMPLOYEE OWNED

500 River Road
Princeton, WI 54968
(920) 295-6444

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Please type or print, and answer all questions.

APPLICATIONS ARE CONSIDERED CURRENT FOR ONLY 60
DAYS ONLY ORIGINAL APPLICATION FORMS WILL BE
ACCEPTED.

PERSONAL INFORMATION

NAME:

Last

First

Middle

DATE:

ADDRESS:

Street

City

State

Zip

TELEPHONE: DAY ()

EVENING: ()

Are You 18 years old or older?

Yes ☐ No ☐

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country?

Yes ☐ No ☐

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license?

Yes ☐ No ☐

Have you ever pleaded guilty, no contest or been convicted of a felony?

Yes ☐ No ☐

If yes, please provide further information as to the offense(s), date, location of court, etc. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. The employer will consider your record only as it may substantially relate to the job for which you are applying. Attach additional sheets if necessary. _____

Are there any criminal charges currently pending against you?

Yes ☐ No ☐

If yes, please provide further information as is requested for conviction. Pending charges will only be considered to the extent they substantially relate to the job you are applying for. Previously dismissed charges do not need to be listed. _____

EMPLOYMENT DESIRED

POSITION:

DATE YOU
CAN START:

SALARY/WAGE
RATE DESIRED:

Are you available to work:

Full-Time ☐

Part-Time ☐

Temporary or Seasonal ☐

Shift you can work:
(Check all that apply)

1st Shift ☐

2nd Shift ☐

Flex Shift ☐

Number of hours per week desired:

Hours available:

Are you on a layoff and subject to recall:

Yes ☐

No ☐

Have you ever applied to or worked at this company before?

Yes ☐

No ☐

If yes, when?

Referral Source:
Source Name:

Advertisement ☐

Friend ☐

Relative ☐

Walk-In ☐

Employment Agency ☐

Other ☐

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be Specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary. Explain any gaps in employment in the Comments section below.

Are you employed now? Yes ☐ No ☐

If yes, may we contact your present employer? Yes ☐ No ☐

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

WORK EXPERIENCE/FORMER EMPLOYERS (continued)

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Employer:	Street Address	
Title:	City, State, ZIP	
Duties:	Telephone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month and Year)	To (Month and Year)
	Reason for Leaving	

Comments (explain any gap in employment): _____

EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration)

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>	
TRADE OR BUSINESS SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	

Describe any other training or skills you consider relevant to the position for which you are applying: _____

REFERENCES (persons not related to you)

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS OR OCCUPATION	YEARS AQUAINTED

NOTE: Your application will not be processed unless you have read and signed the Authorization, Release and Certification on Page 5.

If the selling price is \$100.00, and the cost is \$42.50, what is the profit?

\$48.50

\$42.50

\$57.50

\$100.00

Write the decimal equivalent to each fraction on the line.

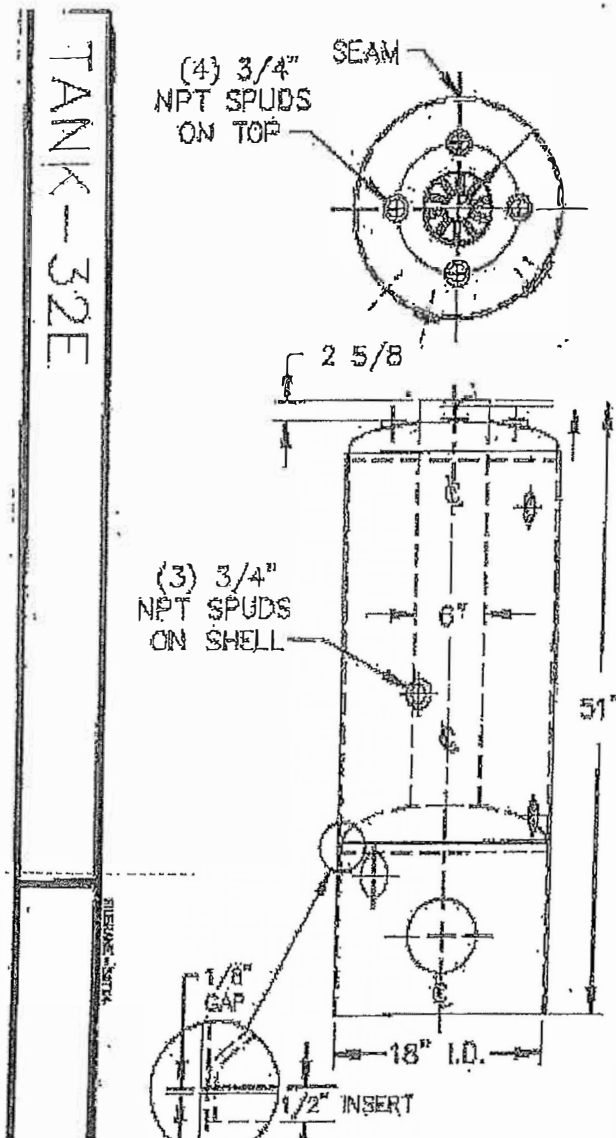
$1/3 =$ _____ .125

$1/2 =$ _____ .333

$1/4 =$ _____ .5

$1/8 =$ _____ .25

Look at this print and answer the following questions.



What is the height of the tank? _____

What is the diameter of the tank? _____

How many 3/4" NPT spuds are on it? _____

What model tank is this print for? _____

Read the operating procedure from an SOP manual and answer the questions

PROCEDURE

Turn welder on and circuit #20.

Refer to set up sheet for job set up.

Push lever up to extend table. Stay clear, table extends to welder.

Roll tank into saddle. Keep hands clear of pinch points.

Push table lever down and retract table.

Turn leg raise button to the right to raise legs.

Push clamp button. (Keep Hands Clear)

Turn leg lower button to left to lower legs.

Turn rotation lever to right to start.

Make sure motion is forward.

Push start.

When weld is complete, push stop.

Turn rotation lever to left to stop.

Turn raise leg lever to right to raise legs.

Push unclamp button. (Keep Hands Clear)

Turn lower leg lever to left to lower legs.

Roll tank out. (Be careful of pinching hands and burns-Tank is hot!)

Fill out paper work for down time and changeovers.

What is the circuit number? _____

How do you retract the table? _____

What direction should the motion be? _____

What do you keep your hands clear of? _____

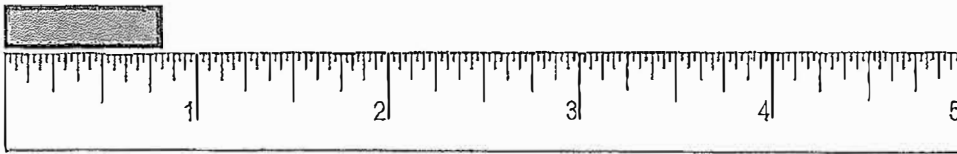
When weld is complete, what do you do next? _____

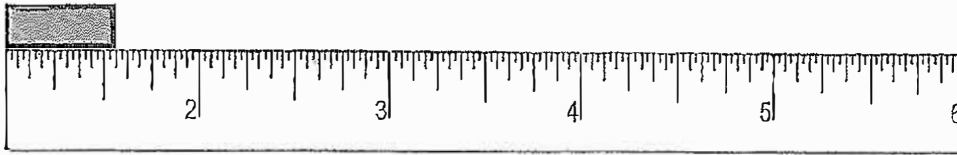
How do you lower the legs? _____

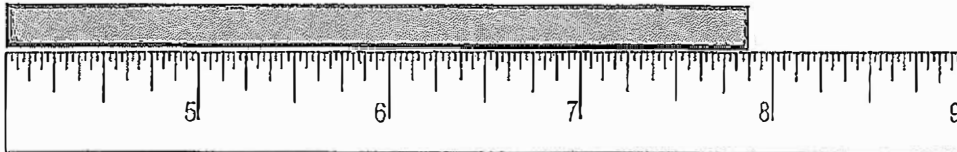
How do you know what the setup is for the job? _____

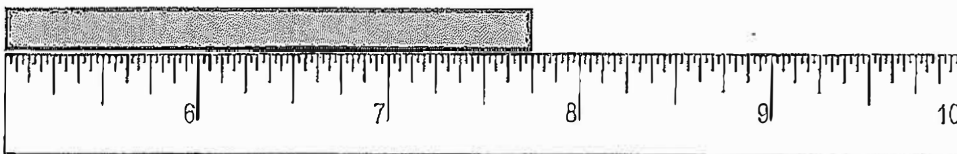
Reading a Tape Measure

How many Inches ?





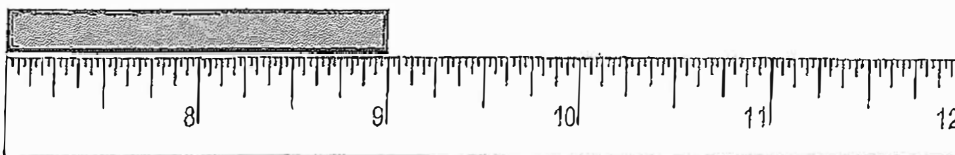












AUTHORIZATION, RELEASE AND CERTIFICATION

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether or oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I authorize Tank Technology to conduct a background check. In connection with this consent, I authorize the use of law enforcement agencies and/or private background check organizations to assist in collecting this information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other illegal drugs. I further understand that a positive test result, a refusal to submit to a test, or falsifying or tampering with the results of a test will disqualify me from further consideration for employment.

I understand this application will be considered inactive after sixty (90) days.

I certify that I have read (or have had read to me) and understand this authorization, release and certification.

Applicants Signature: _____

Applicants Name _____
(Print or Type)

Date Signed: _____