

SWR



TRANSPORTATION

SWR Transportation, LP
PO Box 372
Alvin, TX 77512

Print Name: _____

Social Security Number: _____

Date of Birth: _____

Date of Application: _____

Signature: _____

How/Where did you hear about this position? _____

FOR INTERNAL PURPOSES ONLY:

Application Received by: _____

Color copies (Front & Back): Please initial

DL/ID: _____ SSN: _____

TWIC: _____ Safety Council: _____

APPLICATION FOR EMPLOYMENT

This application is valid for thirty (30) calendar days only.

SWR Transportation, LP is an Equal Opportunity Employer. Race, color, religion, age, sex, national origin or ancestry, marital status, status as a disabled or Vietnam era veteran, union affiliation or status as a qualified individual with a disability and any other categories protected by the Federal and State law are not factors in employment, promotion, compensation or working conditions.

BASICS

Full Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Drivers License Number: _____ State Issued: _____

OR
State Identification Number: _____ State Issued: _____

Have you previously worked for SWR? (Circle One) Yes No

If yes, what plant/job?: _____

Do you have friends or relatives working for SWR? (Circle One) Yes No

If yes, state name and relationship: _____

EDUCATION

Name of High School, City & State: _____

Graduated? (Circle One) Yes No If no, number of years completed: _____

Name of Trade School/ College, City & State: _____

Graduated? (Circle One) Yes No If no, number of years completed: _____

Do you speak, read or write any foreign languages? (Circle One) Yes No

If yes, which language(s)?: _____

Special Certifications, if any:

PREVIOUS WORK HISTORY

For background check purposes, we require the last 7 years of employment history.

Please complete as thoroughly as possible for the last 7 years.

Name of Company: _____
Company City, State & County: _____
Start Date: _____ End Date: _____
Position & Duties: _____
Reason for Leaving: _____

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SKILLS, EXPERIENCE & TRAINING

Please check the box next to the skill (☑) if applicable; insert number of years experience in skill.

Applicable	Skill	# Years
EQUIPMENT OPERATION:		
<input type="checkbox"/>	Crane Operation	
<input type="checkbox"/>	Dozer Operation	
<input type="checkbox"/>	Signals Operation	
<input type="checkbox"/>	Backhoe Operation	
<input type="checkbox"/>	Forklift Operation	
<input type="checkbox"/>	Class A CDL	
BRICK INSTALLATION:		
<input type="checkbox"/>	Installing Kiln Brick	
<input type="checkbox"/>	Installing Acid Brick	
<input type="checkbox"/>	Installing Brick Connections	
<input type="checkbox"/>	Installing Refractory Brick	
WELDING:		
<input type="checkbox"/>	Welder – Anchors	
<input type="checkbox"/>	Welder – Hex	
<input type="checkbox"/>	Welder – Stainless	
<input type="checkbox"/>	Welder – Plate	
FIREPROOFING:		
<input type="checkbox"/>	Fireproofing – Sand/Concrete	
<input type="checkbox"/>	Fireproofing - Chartek	

Applicable	Skill	# Years
OPERATOR:		
<input type="checkbox"/>	Gunite Nozzleman	
<input type="checkbox"/>	Shotcrete Nozzleman	
<input type="checkbox"/>	Allentown Gunite Operator	
<input type="checkbox"/>	Shotcrete Nozzleman	
<input type="checkbox"/>	Shotcrete Pump Operator	
OTHER:		
<input type="checkbox"/>	Safety Attendant	
<input type="checkbox"/>	Fire Watch	
<input type="checkbox"/>	Scaffold Builder	
<input type="checkbox"/>	Vibe Casting	
<input type="checkbox"/>	Masonry Skills	
<input type="checkbox"/>	Forming	
<input type="checkbox"/>	Mechanic	
<input type="checkbox"/>	Chipping Hammers	
<input type="checkbox"/>	Mortar Mixing	
<input type="checkbox"/>	Brickmason Foreman	
<input type="checkbox"/>	Superintendent	
<input type="checkbox"/>	Bricklayer Helper/Laborer	
<input type="checkbox"/>	Labor Foreman	

Please complete if you have/had the following safety training:

Safety Training	Expiration Date	Issuing Council
Basic Plus/Ref		
Confined Space		
Scaffold User		
Forklift		
Pulmonary Function Test		
Fit 3 Masks		
Please list masks obtained:		
MSHA		
OSHA (Circle One) 10hr 30hr		
Hazwoper (Circle One) 8hr 40hr		

Union Affiliation	Local
IUBAC	
LIUNA	
AFL/CIO	

Do you have a valid TWIC card? (Circle One) Yes No