GCT Inspection Inc.
THE XRAY COMPANY est. 1976

3208 Federal Rd., Pasadena, TX 77504
(713) 943-1760 | TheXrayCompany.com

FOR OFFICE USE ONLY

Date Received: _____

Date of Hire: _____

Reviewed By: _____

EMPLOYMENT APPLICATION

GCT Inspection, Inc. is an Equal Opportunity Employer. We do not discriminate in employment or in the provision of services on the basis of race, color, religion, sex (including pregnancy, sexual orientation, and gender identity), national origin, age, disability, genetic information, veteran status, or any other status protected by applicable federal, state, or local law. This application is not an offer of employment and does not guarantee that an offer will be made. All information collected on this application will be kept confidential by GCT Inspection, Inc.

If you need a reasonable accommodation to complete this application or to participate in the hiring process, please contact us at (713) 943-1760.

APPLICANT INFORMATION *(Please print or type)*

** Required*

Full Name: * _____ (Last) _____ (First) _____ (Middle) _____ (Suffix) Preferred Name: _____

Current Address: * _____ (Street and Apt./Unit) _____ (City) _____ (State) _____ (ZIP Code)

Phone: * _____ Alternate Phone: _____ (Optional) Referred By: _____ (Optional)

Email Address: * _____

Other names used in previous employment or schooling (if different from the name on this application):

_____

Are you at least 18 years of age? * ◯ Yes ◯ No

Are you legally authorized to work in the United States? * ◯ Yes ◯ No

Will you now or in the future require employer sponsorship for an employment visa (e.g., H-1B)? * ◯ Yes ◯ No

Do you have a current, valid driver's license? * ◯ Yes ◯ No

Do you have reliable transportation to and from work? * ◯ Yes ◯ No

Do you have any friends or relatives working for our company? * ◯ Yes ◯ No

If yes, list name(s) and relationship(s): _____

Have you ever been convicted of a felony, or received deferred adjudication for a felony charge? * ◯ Yes ◯ No

If yes, explain below, including the date(s) and nature of the offense, the name and location of the court, and the outcome of the case. A conviction will not automatically disqualify you from employment; however, a false statement will. Do not include arrests that did not result in a conviction or deferred adjudication, or any record that has been sealed, expunged, or is subject to an order of nondisclosure.

_____

_____

_____

_____

EMPLOYMENT INTERESTS *(Please print or type)*

Position(s) applying for: * _____ Date available to start: * _____

Type of employment desired (check all that apply): ☐ Regular ☐ Temporary ☐ Full-Time ☐ Part-Time

Are you willing to work overtime, including weekends? * ◯ Yes ◯ No

Are you willing to travel occasionally, including overnight stays? * ◯ Yes ◯ No

The following are some of the essential functions you may encounter while working in this position:

- Working outdoors in changing temperatures and weather
- Working under pressure to meet tight deadlines
- Working in hazardous environments
- Working with hazardous materials
- Working in confined or dark spaces
- Working at elevated heights
- Working in noisy environments
- Lifting heavy objects (50+ lbs.)
- Wearing personal protective equipment (PPE) as required by OSHA standards
- Communicating fluently in English (reading, writing, and speaking)
- Standing, walking, bending, stooping, kneeling, crouching, crawling, climbing, and lifting, possibly while carrying equipment

Can you perform the essential functions of this job, with or without reasonable accommodation? * ◯ Yes ◯ No

Do you have any ongoing scheduling commitments (for example, school or another job) that would limit you to less than a full-time schedule? * ◯ Yes ◯ No

Include only ongoing (recurring) obligations or commitments. Do not include upcoming appointments or one-time events you have planned.

If yes, briefly describe them, including the days and hours of the week you are unavailable:

_____

_____

_____

EDUCATION INFORMATION *(Please print or type)*

Applicants are required to provide proof of any diplomas, degrees, transcripts, licenses, certifications, and registrations listed.

High school diploma or GED? * ◯ Yes ◯ No If yes, name and location of school: _____

School Type	Name and Location of School	Major / Minor Field(s) of Study	From (Mo./Yr.)	To (Mo./Yr.)	Graduated? (Y/N/Exp.)	Diploma or Degree Earned
Undergraduate College or University						
Graduate School						
Technical or Vocational School						

Special awards or recognition:	If no degree earned, college credit hours completed:

CERTIFICATIONS AND NDT TRAINING *(Please print or type)*

Do you have a valid TWIC card (Transportation Worker Identification Credential)? ◯ Yes ◯ No Expires: _____

What is your current radiographer status? ◯ None ◯ Trainee ◯ Radiographer ◯ Trainer

Do you have a 40-hour Radiation Safety certification? ◯ Yes ◯ No

Do you have a PMI (Positive Material Identification) classroom training certification? ◯ Yes ◯ No

Special Training / Qualifications: List job-related (NDT) training courses only. Please attach a copy of each training certificate.

Recognized Training Organization	NDT Method	Classroom Hours	Date of Completion	SNT-TC-1A OJT Minimum Required Hours Met?	Certification Level	
					Level I	Level II
				◯ Yes ◯ No	☐	☐
				◯ Yes ◯ No	☐	☐
				◯ Yes ◯ No	☐	☐
				◯ Yes ◯ No	☐	☐
				◯ Yes ◯ No	☐	☐
				◯ Yes ◯ No	☐	☐
				◯ Yes ◯ No	☐	☐
				◯ Yes ◯ No	☐	☐

Please use this space to provide any additional information about your experience, training, qualifications, or skills that you would like us to consider.

_____

_____

_____

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_____

_____

MILITARY SERVICE *(Optional)*

Have you served in the U.S. Armed Forces? ◯ Yes ◯ No If yes, branch of service: _____

Dates of service (from/to): _____

Military training or experience relevant to the position you are applying for:

_____

_____

_____

EMPLOYMENT HISTORY *(Please print or type)*

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

Include ALL employment. Begin with your current or most recent position and work back to your first. List **each position** separately, even positions held with the same employer.

Answer all questions and fully summarize your experience for each position, including technical and managerial responsibilities and any special training, skills, and qualifications.

If you need more space, you may copy the Employment History pages or attach a typed employment history that provides the same information in the same format as this application.

POSITION 1 (current or most recent) *Dates: MM/DD/YYYY*

Position Title: _____ Employer: _____

Employer City, State: _____ Employer Phone: _____

Supervisor's Name and Title: _____ Start Date: _____ End Date: _____

Current/Final Pay: $ _____ Type: ◯ Full-Time ◯ Part-Time ◯ Temp/Project May we contact? ◯ Yes ◯ No

Reason for leaving: _____

Summary of experience, including special training, skills, and qualifications used in this position:

_____

_____

_____

POSITION 2 *Dates: MM/DD/YYYY*

Position Title: _____ Employer: _____

Employer City, State: _____ Employer Phone: _____

Supervisor's Name and Title: _____ Start Date: _____ End Date: _____

Current/Final Pay: $ _____ Type: ◯ Full-Time ◯ Part-Time ◯ Temp/Project May we contact? ◯ Yes ◯ No

Reason for leaving: _____

Summary of experience, including special training, skills, and qualifications used in this position:

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POSITION 3 *Dates: MM/DD/YYYY*

Position Title: _____ Employer: _____

Employer City, State: _____ Employer Phone: _____

Supervisor's Name and Title: _____ Start Date: _____ End Date: _____

Current/Final Pay: $ _____ Type: ◯ Full-Time ◯ Part-Time ◯ Temp/Project May we contact? ◯ Yes ◯ No

Reason for leaving: _____

Summary of experience, including special training, skills, and qualifications used in this position:

_____

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_____

EMPLOYMENT HISTORY (CONTINUED) *(Please print or type)*

POSITION 4 *Dates: MM/DD/YYYY*

Position Title: _____ Employer: _____

Employer City, State: _____ Employer Phone: _____

Supervisor's Name and Title: _____ Start Date: _____ End Date: _____

Current/Final Pay: $ _____ Type: ◯ Full-Time ◯ Part-Time ◯ Temp/Project May we contact? ◯ Yes ◯ No

Reason for leaving: _____

Summary of experience, including special training, skills, and qualifications used in this position:

_____

_____

_____

POSITION 5 *Dates: MM/DD/YYYY*

Position Title: _____ Employer: _____

Employer City, State: _____ Employer Phone: _____

Supervisor's Name and Title: _____ Start Date: _____ End Date: _____

Current/Final Pay: $ _____ Type: ◯ Full-Time ◯ Part-Time ◯ Temp/Project May we contact? ◯ Yes ◯ No

Reason for leaving: _____

Summary of experience, including special training, skills, and qualifications used in this position:

_____

_____

_____

POSITION 6 *Dates: MM/DD/YYYY*

Position Title: _____ Employer: _____

Employer City, State: _____ Employer Phone: _____

Supervisor's Name and Title: _____ Start Date: _____ End Date: _____

Current/Final Pay: $ _____ Type: ◯ Full-Time ◯ Part-Time ◯ Temp/Project May we contact? ◯ Yes ◯ No

Reason for leaving: _____

Summary of experience, including special training, skills, and qualifications used in this position:

_____

_____

_____

POSITION 7 *Dates: MM/DD/YYYY*

Position Title: _____ Employer: _____

Employer City, State: _____ Employer Phone: _____

Supervisor's Name and Title: _____ Start Date: _____ End Date: _____

Current/Final Pay: $ _____ Type: ◯ Full-Time ◯ Part-Time ◯ Temp/Project May we contact? ◯ Yes ◯ No

Reason for leaving: _____

Summary of experience, including special training, skills, and qualifications used in this position:

_____

_____

_____

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

I certify that I have read and fully completed this application and that, to the best of my knowledge, all information I have provided is true, correct, and complete. I understand that if any information I have provided is false, my application may be rejected or, if I am hired, my employment may be terminated at any time.

I understand that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45-day period, I will need to reapply.

I understand that if I am employed by GCT Inspection, Inc., my employment is at will. My employment and compensation may be terminated at any time, with or without cause and with or without prior notice, by either GCT Inspection, Inc. or me. Nothing in this application creates a contract of employment.

I understand that, as a condition of employment, I will be required to provide documentation of my identity and legal authorization to work in the United States.

I understand that certain state agencies may check with the Texas Department of Public Safety, the Federal Bureau of Investigation, or other organizations for any criminal history, in accordance with applicable law.

I authorize the persons and organizations referenced in this application to give GCT Inspection, Inc. any and all information concerning my previous employment and education, and any other information they may have, personal or otherwise, regarding the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information.

BACKGROUND INVESTIGATION

I authorize GCT Inspection, Inc. to conduct a background check to verify my employment, education, criminal history, and driving record, and I release all parties from liability for providing this information. If a consumer reporting agency is used, I will receive a separate disclosure and authorization form as required by the Fair Credit Reporting Act.

DRUG SCREENING

I understand that GCT Inspection, Inc. maintains a drug-free workplace. I consent to a pre-employment drug screening and, if hired, agree to participate in the company's ongoing random drug-testing program. I acknowledge that a positive test result or a refusal to test will result in disqualification or termination.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____