

Employment Application

An Equal Opportunity Employer

Piping Service, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please print and fill out all sections

Applicant Information			
Applicant Name			
Home Phone			
Cell Phone			
Email Address			
Current Address:			
City	State	Zip	
How were you referred to	Piping Service, Inc.	?:	 _
Employment Positions			
Position(s) applying for:			
Are you applying for:			
Part-time work? Full-time work?			
What days and hours are	you available for wo	rk?	
If hired, on what date car	you start working? _	//	
Can you work on the wee	ekends?[]Y or[]N		
Are you available to wor	k overtime? [] Y or [] N	
Salary desired: \$			

Personal Information:					
Have you ever applied to / worked for Piping Service, Inc. before? [] Y or [] N If yes, please explain (include date):					
Do you have any friends, relatives, or acquaintances working for Piping Service, Inc.? [] Y or [] N If yes, state name & relationship:					
If hired, would you have transportation to/from work? [] Y or [] N					
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [] Y or [] N					
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Yor [] N					
If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N					
Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N					
If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.					
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)					
Education, Training and Experience					
High School:					
School name:					
School address:					
School city, state, zip:					
Number of years completed:					
Did you graduate? [] Y or [] N					
Degree / diploma earned:					
College / University:					
School name:					
School address:					
School city, state, zip:					
Number of years completed:					

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

Military:	
Branch:	
Rank in Military:	
Total Years of Service:	
Skills/duties:	
Related details:	
Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case they make you especially suited for working with us?	that
[]Y or[]N	
If yes, please explain	
Employment History	
Are you currently employed? [] Y or [] N	
If you are currently employed, may we contact your current employer? [] Y or [] N	
Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.	
Name of Employer:	
Name of Supervisor:	
Telephone Number:	
Address:	
City, state, zip:	
Length of Employment (Include Dates):	
Position & Duties:	
Reason for Leaving:	
May we contact this employer for references? [] Y or [] N	
Name of Employer:	
Name of Supervisor:	
Telephone Number:	
Address:	
City, state, zip:	
Length of Employment (Include Dates):	
Position & Duties:	

Reason for Leaving:	
May we contact this employer for references? [] Y or [] N	
Name of Employer:	
Name of Supervisor:	
Telephone Number:	
Address:	
City, state, zip:	
Length of Employment (Include Dates):	
Position & Duties:	
Reason for Leaving:	
May we contact this employer for references? [] Y or [] N	
References	
List below three persons who have knowledge of your work performance w references only.	rithin the last four years. Please include professional
Name - First, Last:	
Telephone Number:	
Address:	
City, state, zip:	
Number of Years Acquainted:	
Name - First, Last:	
Telephone Number:	
	-
Address:City, state, zip:	_
Number of Years Acquainted:	_
	-
Name - First, Last:	_
Telephone Number:	
Address:	
City, state, zip:	
Number of Years Acquainted:	-

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any

misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by Piping Service, Inc., terms for my immediate expulsion from Piping Service, Inc.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Piping Service, Inc.

I permit Piping Service, Inc. to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applica	ant's Signature:_	 	
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Date:_			