## **APPLICATION FOR EMPLOYMENT**

(PRE-EMPLOYMENT QUESTIONNAIRE)

Name:   Today's Date:   Today'	AN EQUAL OPPORTUNITY E	MPLOYER			·			
It. Address	I. Employee's Infor	mation						
State:   Zip Code:   Zip Code:   Cell Phone:	Name:					Today's Date:		
State:   Zip Code:   Cell Phone:   Cell Phon	II. Address							
III. Citizenship Statement  ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?    No     N.		Apt. #	E-Mail A	Address	Home Phone:	Home Phone:		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?  IV. Employment Desired    Position:	City:	State:	Zip Code:		Cell Phone:			
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?  IV. Employment Desired    Position:	III. Citizenship State	ement						
Newspaper   Craigslist   Fiyer   School   Sign   Employee   Job Website   Fiver   Fire   Fi			AUTHORIZED TO	) WORK IN THE UNITED S	TATES?	VEC NO		
Position:   Salary Desired per Hour:   Date you can start:	IV. Employment De	sired				IES NO		
Referred by:   Newspaper			Salary De	sired per Hour:	Date you	ı can start:		
If other, please give source:    If an employee, please give name:    What shift(s) can you work:   1st Shift (6:00 am - 4:00pm)			\$			,		
If other, please give source:    If an employee, please give name:    What shift(s) can you work:   1st Shift (s:00 am - 4:00pm)	Referred By:							
If an employee, please give name:			_					
What shift(s) can you work:    1" Shift (6:00 am - 4:00pm)			Flyer			yeeJob Website		
1° Shift (6:00 am - 4:00pm)   2° Shift (4:30pm - 2:30am)     Overtime During The Week	if other, please give sour	rce:		if an employee, please giv	/e name:			
1° Shift (6:00 am - 4:00pm)   2° Shift (4:30pm - 2:30am)     Overtime During The Week	What shift(s) can you wo	nrk:						
Are you employed now:								
Are you employed now:	1" Shift (6:0	00 am – 4:00pm)	2 <sup></sup> Shift	(4:30pm – 2:30am)				
Have you applied to this company before?   Yes   No   If Yes, When?   For Which Department?   From: To:  Are you related to anyone who is presently working at this company?   Yes   No   Relationship:  Are you related to anyone who has previously worked for this company?   Yes   No   Relationship:  Are you related to anyone who has previously worked for this company?   Yes   No   No   No   No   No   No   No   N	Overtime D	Ouring The Week	Saturday	,	Sunday	S		
If Yes, When?  If Yes, When?  If Yes, When?  From:  To:  Are you related to anyone who is presently working at this company?  Yes No Relationship:  Are you related to anyone who has previously worked for this company?  Yes No No If Yes, Whom:  Relationship:  Do you read structural steel blueprints? Yes No Can you read a tape measure? Yes No No No you smoke? Yes No No No you have a TWIC Card? If so please provide the expiration date:  V. Education  Name/Location #Years Attended Year Graduated Subject Studied  High School  College/University  Trade School  VI. Skills  GD CDL Class A TWIC Card Structural Fitting Vessel Fitting	Are you employed now:	Yes No		If Yes, May we inquire of	your present Employer?	Yes No		
Are you related to anyone who is presently working at this company?  If YES, Whom:  Relationship:  Are you related to anyone who has previously worked for this company?  If Yes, Whom:  Relationship:  Do you read structural steel blueprints?	Have you applied to this	company before? Yes	No	Have you worked for this	Have you worked for this company before?			
Are you related to anyone who is presently working at this company? Yes No Relationship:  Are you related to anyone who has previously worked for this company? Yes No Relationship:  Do you read structural steel blueprints? Yes No Can you read a tape measure? Yes No  Do you smoke? Yes No  Do you have a TWIC Card? If so please provide the expiration date:  V. Education  Name/Location #Years Attended Year Graduated Subject Studied  High School College/University Trade School  VI. Skills  Forklift Operator Operate Machines CDL Class A TWIC Card Structural Fitting Yessel Fitting	If Yes, When?			If Yes, When? For Which Department?				
Are you related to anyone who is presently working at this company? Yes No Relationship:  Are you related to anyone who has previously worked for this company? Yes No Relationship:  Do you read structural steel blueprints? Yes No Can you read a tape measure? Yes No  Do you smoke? Yes No  Do you have a TWIC Card? If so please provide the expiration date:  V. Education  Name/Location #Years Attended Year Graduated Subject Studied  High School College/University Trade School  VI. Skills  Forklift Operator Operate Machines CDL Class A TWIC Card Structural Fitting Yessel Fitting				From:	To:			
Are you related to anyone who has previously worked for this company?  If Yes, Whom:  Do you read structural steel blueprints?  Yes  No  Can you read a tape measure?  Yes  No  Do you smoke?  Yes  No  Do you have a TWIC Card?  If so please provide the expiration date:  If so please provide the expiration date:  V. Education  Name/Location  #Years Attended  Year Graduated  Subject Studied  Figh School  College/University  Trade School  VI. Skills  Forklift Operator  Operate Machines  CDL Class A  TWIC Card  Structural Fitting  Vessel Fitting	Are you related to anyone who is presently working at this company?							
If Yes, Whom:  Do you read structural steel blueprints?	If YES, Whom:			Relationship:				
Do you read structural steel blueprints? Yes No  Can you read a tape measure? Yes No  Do you smoke? Yes No  Do you have a TWIC Card? If so please provide the expiration date: If so please provide th	Are you related to anyone who has previously worked for this company?			Yes No				
Do you have a TWIC Card? If so please provide the expiration date:    Do you have a Basic Plus Card?	If Yes, Whom:			Relationship:				
Do you have a TWIC Card? If so please provide the expiration date:    So please provide the expiration date:   If so please provide the expiration date:	Do you read structural steel blueprints? Yes No			Can you read a tape measure? Yes No				
If so please provide the expiration date:    If so please provide the expiration date:   V. Education	Do you smoke?	Yes No		L				
If so please provide the expiration date:    If so please provide the expiration date:   V. Education	Do you have a TWIC Care	d?		Do you have a Basic Plus Card?	)			
Name/Location #Years Attended Year Graduated Subject Studied   High School College/University Image: College of the college of	•			•				
High School  College/University  Trade School  VI. Skills  Porklift Operator  Operate Machines  CDL Class A  TWIC Card  Structural Fitting  Vessel Fitting	V. Education							
College/University  Trade School  VI. Skills  Porklift Operator  Operate Machines  CDL Class A  TWIC Card  Structural Fitting  Vessel Fitting		Name/Location	on	#Years Attended	Year Graduated	Subject Studied		
Trade School  VI. Skills  Forklift Operator  Operate Machines  CDL Class A  TWIC Card  Structural Fitting  Vessel Fitting	High School							
VI. Skills    Forklift Operator	College/University					,		
Forklift Operator Operate Machines CDL Class A TWIC Card Structural Fitting Vessel Fitting	Trade School							
Weld Heliarc Weld Flux Core Weld Stick Weld Mig Weld Sub-Arc Weld Vertical Weld Flat	Forklift Operator	Operate Machi	nes CDL	Class A TWIC Card	Structura	l Fitting Vessel Fitting		
	Weld Heliarc	Weld Flux Core Weld St	tick Weld Mig	Weld Sub-Arc	Weld Vertical	/eld Flat		

VII. Employment History (List your last	t three emplo	yers, starting with	your most recent f	first)	
Dates Employed: (MM/YYYY)	Name & Addr	ess of Employer:			Phone
F					
From: To: Position(s) Held:		Ending	; Salary:	Supervisor's	Name
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			per		
Duties Performed :				•	
Explain reason for leaving:			the second secon		
Explain reason for leaving.		Company Layoff	Voluntary Resignati	on Dismissed	
			[]		
		<b>L</b>			_
Dates Employed: (MM/YYYY)	Name & A	Address of Employer:			Phone
From: To:					
Position(s) Held:	Fndin	g Salary:	Supervisor's Na	ame:	
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		per			
Duties Performed :					
Explain reason for leaving:		<del></del>			
Explain reason for leaving.		Company Layoff	Voluntary Resignation	on Dismissed	
Dates Employed: (MM/YYYY)	Name & A	Address of Employer:			Phone
To Table					
From: To: Position(s) Held:	Endin	g Salary:	Supervisor's Na	ama'	
r osidon(s) rield.	\$	g Jaiai y.	Supervisor s ive	anic.	
		per			
Duties Performed :					
Explain reason for leaving:		· · · · · · · · · · · · · · · · · · ·			
Explain reason for leaving.		Company Layoff	Voluntary Resignation	on Dismissed	
III. Emergency Contact Data:					
In case of emergency Notify:					
Name:		Relationship:			Phone:
"I Certify that the facts contained in this applica					
this application shall be ground for dismissal. I					
liability for any damage that may result from fur regardless of the date of payment of my wages					ot definite period and may
Name:	and salary, be ten	Signature:	noat phot notice and w	illibut cause.	Date:
		0			
				pinakapita ni ng Pilipina ni ni A	
		FOR OFFICIAL US	E ONLY		
Interview By:					Date:
Position:	Shift:	Department:		Supervisor:	
				•	
Salary/Wage: 2 <sup>nd</sup> Sh	ift Differential:	= Rate of Pay:		School	uled Time:
2 311	nt Dinerential.	- Nate of Fay.		Joined	uicu IIIIC.
Date reporting to work:	Annro	hue	T	Popofits	
Date reporting to work:	Approved	ъy.		Benefits: Office Ber	nefits 9 Months - Shop
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## **ACKOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **PIPING TECHNOLOGY & PRODUCTS INC.** (the "Company") at any time after receipt of this authorization and throughout my employment (or volunteer assignment(s)), as applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Liberty Screening Services, Ltd., 5718 Westheimer Road, Suite 1300, Houston, Texas 77057, Tel. No. 1.888.961.9990; www.libertyscreening.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**PIPING TECHNOLOGY & PRODUCTS INC.** ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Liberty Screening Services, Ltd., 5718 Westheimer Road, Suite 1300, Houston, Texas 77057, Tel. No. 1.888.961.9990; www.libertyscreening.com.

Signature:			Date:				
Please Print:							
Full Name:	•						
	(FIRST)		(MIDDLE)		(LAST)		
Date of Birth:			SSN:_			_	
Address:				AF	PT.#		
City:		State:		Zip Code:_		_	
E-mail Address: _							
Cell Phone:							