



NATIONAL PIPE HANGER CORPORATION

CORPORATE HEADQUARTERS - 200 CAMPUS DR, MOUNT HOLLY, NJ 08060 TEL: (609) 261-5353 FAX: (609) 261-3249
MD OFFICE - 15850 COMMERCE CT, SUITE P, UPPER MARLBORO, MD 20774 TEL: (301) 568-8805 FAX: (301) 967-1456
E-MAIL: SALES@NATIONALPIPEHANGER.COM WEBSITE: WWW.NATIONALPIPEHANGER.COM

Application for Employment

Please print.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify National Pipe Hanger Corporation at 609-261-5353.

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: (____) _____ Cellular/Other Phone # (____) _____ E-Mail Address: _____

Position(s) applied for: _____ Date of Application: ____/____/____

Referral Source (Please check the appropriate category and list the source.)

Walk-In: _____

Advertisement: _____

Other: _____

If necessary, the best time to call you is: _____: _____^{AM}/_{PM}

Home Cellular/Other

May we contact you at work? _____ Yes No

If yes, work number and best time to call:

(____) _____: _____^{AM}/_{PM}

Have you submitted an application here before? _____ Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? _____ Yes No

If yes, give dates: From: ____/____/____ To: ____/____/____

Is this application a request for re-employment following an extended military leave of absence from this company? _____ Yes No

Are you legally eligible for employment in this country? .. Yes No

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: _____ Full-Time Part-Time

Seasonal Temporary

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No N/A

Will you work overtime if required? _____ Yes No

If no, please explain: _____

Employee: _____

Company's Website: _____

Other Internet: _____

Date available for work: _____/____/____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes Temporary Need more information about the job's "essential functions" to respond.

Driver's license number required if driving may be required in the job for which you are applying:

_____ State: _____

Have you ever been bonded? _____ Yes No

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest to or been convicted of a felony? _____ Yes No

If yes, give date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? _____ Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # () _____	Month	Year	Month	Year
		Dates employed: _____ / _____ to _____ / _____			
Street Address		City		State	
		Compensation (Starting)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per	
Starting job title / final job title		Commission / Bonus / Other Compensation \$ _____			
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Compensation (Final)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Why did you leave?		E-mail:		\$ _____ per	
				Commission / Bonus / Other Compensation \$ _____	
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked the least about your position?					
<hr/>					
Employer	Telephone # () _____	Month	Year	Month	Year
		Dates employed: _____ / _____ to _____ / _____			
Street Address		City		State	
		Compensation (Starting)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per	
Starting job title / final job title		Commission / Bonus / Other Compensation \$ _____			
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Compensation (Final)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Why did you leave?		E-mail:		\$ _____ per	
				Commission / Bonus / Other Compensation \$ _____	
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked the least about your position?					
<hr/>					
Employer	Telephone # () _____	Month	Year	Month	Year
		Dates employed: _____ / _____ to _____ / _____			
Street Address		City		State	
		Compensation (Starting)			
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per	
Starting job title / final job title		Commission / Bonus / Other Compensation \$ _____			
Immediate supervisor and title (for most recent position held)		May we contact for reference?		Compensation (Final)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Why did you leave?		E-mail:		\$ _____ per	
				Commission / Bonus / Other Compensation \$ _____	
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked the least about your position?					

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?

Yes No If yes, please explain: _____

Skills and Qualifications

Please check any of the following skills you possess and equipment you are qualified to operate:

Manufacturing Skills

- Assembly Line Welding Blueprint / Drawing Reading Computer Proficiency
 Construction Electronic Other: _____

Heavy Equipment

List: _____

Light Equipment

List: _____

Educational Background

Start with your most recent school attended and provide the following information:

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Social Security Number

SS#: _____ - _____ - _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similarly protected status.

Organization	Offices Held

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you?

Application Statement

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicants from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied or oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

National Pipe Hanger Corporation does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. National Pipe Hanger Corporation likewise does not tolerate harassment based on sex, race, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). National Pipe Hanger Corporation takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date of Application: ____/____/____