



TOY PIPELINE CONTRACTORS, INC.

- Since 1953 -

Application for Employment
(Please Print Clearly)

Date: _____

PERSONAL

Name: _____ Last First M/I	Social Security #: ____ - ____ - ____
Present Address: _____ Street	Telephone #: () _____ - ____
City State Zip	Are you 18 or older: _____ Yes No
Are you legally eligible for employment in the U.S.? _____ (If yes, verification will be required.) Yes No	

Position(s) applied for: _____	Rate of pay expected:\$ _____
Have you ever been employed here in the past? _____ Yes No	If yes, when: _____
Reason for leaving? _____	
Have you ever been interviewed here in the past? _____ Yes No	If yes, when: _____
Briefly list any special skills, training, certifications, or qualifications you have which you feel are related to the position(s) for which you are applying. _____ _____ _____	
Are you available to work (check all that apply): Full-Time _____ Weekends _____ Overtime _____	
Have you ever been convicted of a crime? _____ Yes No	Driver's License #: _____
Note: Criminal background checks are conducted. A conviction will not necessarily preclude you from employment. If yes, give date and describe in full: _____	
If your application is considered favorably, when will you be available to begin work? _____	
Person to notify in case of an emergency:	
Name: _____	Telephone #: _____
Address: _____	Day:() _____ - _____
_____	Eve:() _____ - _____

EDUCATION

School	Name & Location	Course of Study	# of Years Completed	Did you Graduate (circle one)
Elementary				Yes No
High School				Yes No
Business/Trade/ Technical				Yes No
College				Yes No

MILITARY

Were you ever in the U.S. Armed Forces? _____ If yes, what branch? _____

Yes No

Number of years of service: _____ Rank at discharge: _____

List duties, including special training: _____

PERSONAL REFERENCES

List three people (excluding relatives and former supervisors) whom you have know for at least one year.

Name & Address	Telephone Number	Occupation	# of Years Known
	()		
	()		
	()		

EMPLOYMENT – List all positions, beginning with the most recent. (Use additional blank sheet, if necessary).

1	Company Name	Telephone Number ()
	Address	Dates Employed From To
	Job Title	Pay Beginning Ending
	Supervisor	Reason for Leaving
	Duties	

2	Company Name	Telephone Number ()
	Address	Dates Employed From To
	Job Title	Pay Beginning Ending
	Supervisor	Reason for Leaving
	Duties	

3	Company Name	Telephone Number ()
	Address	Dates Employed From To
	Job Title	Pay Beginning Ending
	Supervisor	Reason for Leaving
	Duties	

4	Company Name	Telephone Number ()
	Address	Dates Employed From To
	Job Title	Pay Beginning Ending
	Supervisor	Reason for Leaving
	Duties	

<p>We may contact the employers listed above unless you indicate those you do <u>not</u> want us to contact.</p>	Do Not Contact
	Employer Number(s) _____ Reason _____ _____ _____

Applicant's Certification and Agreement
(Please read carefully and sign.)

In consideration of being employed, I understand and agree that:

If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, be terminated.

The employer has my authorization to thoroughly investigate my work, education, and personal history, and I hereby consent to take any test whenever the employer deems it necessary in any employer investigation. I will hold no person, corporation, or organization liable for my giving or its receiving information in such investigation.

If employed, I may terminate my employment at any time without notice or cause and the employer may terminate or modify the employment relationship at any time without prior notice or cause during my probationary period, and thereafter as modified by an applicable labor agreement. In consideration of my employment, I agree to conform to the rules and regulations of the employer, and I understand that no department head or representative of the employer, other than the President or Vice President of the employer, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreements or assurances contrary to this policy.

Any doctor, hospital, or testing laboratory has my consent to conduct medical or drug tests on me and I hereby give my consent to having all information released for the employer to determine my abilities to perform job duties now or in the future.

The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedule or a work schedule other than Monday through Friday. I accept these conditions of employment, subject to such conditions as may be contained in any applicable labor agreement.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on my application will be used for the purpose of limiting or excluding my consideration for employment on a basis prohibited by local, state, or federal law.

If employed, I understand that my employment is for no definite period of time and, if terminated, the employer is liable only for wages or salary earned as of the date of termination.

This application is current and active as an application for employment for thirty (30) days. At the conclusion of that time, if I have not had contact from the employer and still wish to be considered for employment, it will be necessary for me to complete a new application.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature of Applicant: _____

Date: _____
month day year