



PLEASE PRINT ALL INFORMATION
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Description:

Employment Application Form

Document #:

HR-FORM-16

Revision:

1

Dated:

01/01/2009

Page:

1 of 4

Document Owner:

HR Department

PLEASE COMPLETE PAGES 1 – 4

DATE: _____

Name: _____
Last First Middle Init. Maiden

Present Address: _____
Number Street City State Zip Code

How Long: _____ Social Security No. ____ - ____ - _____

Telephone _____

If under 18, please list age: _____

Position applied for (1) _____ Days/hours available to work
 No Pref _____ Thur _____
 And salary desired (2) _____ Mon _____ Fri _____
 (Be specific) Tues _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL OR PART TIME

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|-------------------------------------|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. Or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s), and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver License Number: _____ State of Issued: _____ Expiration Date: _____

License Type: Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three (3) years? Yes No How many? _____

Have you had an moving violations in the past three (3) years? Yes No How many? _____

OFFICE ONLY

Typing Y N _____ WPM 10 Key Y N Word Processing Y N _____ WPM

Personal Computer Y N PC MAC Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone _____ Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD Yes No

Specialty: _____ Date Entered: _____ Date Discharged: _____

Work Experience Please list your work experience for the past five (5) years beginning with your most recent job held.
If you were self-employed, give firm name. Attached any additional sheets if necessary.

| Name and Address of Employer: | Name of last supervisor | Employment dates | Pay or Salary |
|-------------------------------|-------------------------|------------------|---------------|
| | | | From: To: |
| Your last job title: | | | |

Reason for leaving (be Specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Name and Address of Employer: | Name of last supervisor | Employment dates | Pay or Salary |
|-------------------------------|-------------------------|------------------|---------------|
| | | | From: To: |
| Your last job title: | | | |

Reason for leaving (be Specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Work Experience

Please list your work experience for the past five (5) years beginning with your most recent job held.

Experience

If you were self-employed, give firm name. Attached any additional sheets if necessary.

| Name and Address of Employer: | Name of last supervisor | Employment dates | Pay or Salary |
|--|-------------------------|------------------|---------------|
| | | From: | Start: |
| | | To: | Final: |
| | Your last job title: | | |
| Reason for leaving (be Specific): | | | |
| List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company. | | | |


| Name and Address of Employer: | Name of last supervisor | Employment dates | Pay or Salary |
|--|-------------------------|------------------|---------------|
| | | From: | Start: |
| | | To: | Final: |
| | Your last job title: | | |
| Reason for leaving (be Specific): | | | |
| List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company. | | | |

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

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|---|--|----------------------------------|
|  <p>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</p> | Description: Application Waiver Form | |
| | Document #: HR-FORM-11 | Revision: Dated: 2 06/01/2011 |
| | Page: 1 of 1 | Document Owner: HR Department |

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by A&B Valve and Piping Systems L.L.C. (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered by a written instrument signed by the President/General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. In consideration of the Company’s review of my application, I release all persons or entities from all liability for any damage that may result from furnishing information to the Company. I also release the Company and its employees from all liability for any damage that may result from the Company’s reliance on the information furnished.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that a condition of employment and continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including as to my credit records, character, general reputation, personal characteristics, and mode of living. I further understand and agree that an investigative consumer report and/or consumer credit report may be obtained at any time, and any number of times, as Company in its sole discretion determines is necessary before, during or after my employment. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. If employed, I further agree that if the Company advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any company property, the company is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Signature: _____ Date: _____

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application form and for your interest in our business.

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Inquiry Release Form

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In connection with my application with A&B Valve and Piping Systems, L.L.C., I understand that investigative background inquiries may be made on myself including but not limited to previous employer verifications, including all Drug Testing History and Records, education verifications, consumer credit reports, criminal convictions or history, motor vehicle reports, Social Security trace reports and other reports. There reports may include reasons for termination of past employment from previous employers. Further, I understand that A&B Valve and Piping Systems, L.L.C., and/or its authorized agent may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences, and may include information involving me in the files of insurance companies.

I hereby authorize and release, without reservation, any party or agency contracted by A&B Valve and Piping Systems, L.L.C, Tenstar, and their employees or assigns from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to A&B Valve and Piping Systems, L.L.C., or any authorized agent thereof.

Note: Before signing this document, read it thoroughly and complete all requested information. If not applicable, indicate by drawing a line through the section.

I have read and understand the above notice.

Signature: _____ Date: _____

Print Name: _____
PRINT ENTIRE NAME LEGIBLY

Present Street Address: _____ How Long? _____

City, State and Zip Code: _____

Past Address: _____ How Long? _____

Past Address: _____ How Long? _____

Telephone number (including area code): _____

Social Security Number: _____

Driver License State: _____ License Number: _____

Date of Birth: Month: _____ Day: _____ Year: _____

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