MVP Piping Company Inc. is an Equal Employment Opportunity Company and is committed to excellence through diversity. We consider applicants for all positions without regard to race, color, religion, national origin, age, disability, veteran status, or any other legally protected status. INSTRUCTIONS: Complete the application in its entirety. Incomplete applications may not be processed. You may be asked to provide additional information on another form. This application will be kept on file according to company policy.

Be sure to sign **and date t**he application.

Application for Employment

**Applicant Information**

­­Candidate's Name:

Date:

Address:

Telephone Number:

Email:

Are you 18 years of age or older?

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Have you ever worked or attended school under another name? If so, under what name?

Have you ever been convicted of a crime?\*

If yes, give details, including date(s):

\**Answering “'yes" will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job- related purposes only, and only to the extent permitted by law.*

**Position Desired**

Position: Start date available:

Wage rate desired:

Check or Direct Deposit?

Full time or Part time? If part-time, hours per week desired:

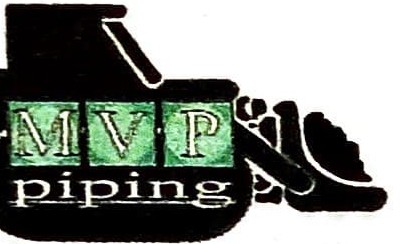
Hours you are available to work:

A close-up of a logo

Description automatically generatedMVP Piping Company Inc. is an Equal Employment Opportunity Company and is committed to excellence through diversity. We consider applicants for all positions without regard to race, color, religion, national origin, age, disability, veteran status, or any other legally protected status. INSTRUCTIONS: Complete the application in its entirety. Incomplete applications may not be processed. You may be asked to provide additional information on another form. This application will be kept on file according to company policy.

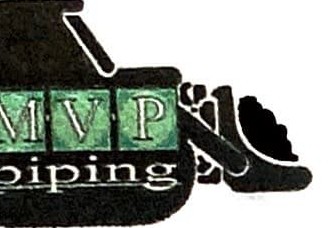
**Emergency Contact(s)**

|  |  |
| --- | --- |
| Name: Phone N | Phone Number: |
| Email: | Address: |
|  | City, State, & Zip: |
| Name: Phone N | Phone Number: |
| Email: | Address: |
|  | City, State, & Zip: |



**Work Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of  paper. | | | | |
| Employer: | | | Address: | |
| From To | | Position Held: | | Reason for Leaving: |
| Supervisor's Name & Title: | | | | May we contact? |
| Description of Duties: |  | - |  |  |
| Starting Compensation: | | | Final Compensation: | |
| Employer: | | | Address: | |
| From: To: | *I* | Position Held: | | Reason for Leaving: |
| Supervisor's Name & Title: | | | | May we contact? |
| Description of Duties:  ' |  |  | . |  |
| Starting Compensation: | | | Final Compensation: | |



Days of week you are available to work: Are you able to work: Weekends?

Holidays?

Nights?

Overtime?

Have you previously worked for MVP Piping?

Dates of employment with MVP Piping:

From To

Reason(s) for leaving:

Former supervisor(s) at this company:

How did you learn about this opening?

**Education**

|  |  |  |
| --- | --- | --- |
| High School: | Graduated? | Course of Study: |
| Technical School: | Graduated? | Course of Study: |
| College/University: | Graduated? | Course of Study: |
| Post-Graduate Education: | Graduated? | Course of Study: |
|  |  |  |
| Other education, training, or special skills: | | |



**References**

# Identify three persons who know your work, beginning with the most recent.

|  |  |
| --- | --- |
| Name: Phone N | Phone Number: |
| Email: | Address: |
|  | City, State, & Zip: |
| Position or Title: | Years Known: |
| Name: Phone N | Phone Number: |
| Email: | Address: |
|  | City, State, & Zip: |
| Position or Title: | Years Known: |
| Name: Phone N | Phone Number: |
| Email: | Address: |
|  | City, State, & Zip: |
| Position or Title: | Years Known: |

|  |  |
| --- | --- |
| Name: Phone N | Phone Number: |
| Email: | Address: |
|  | City, State, & Zip: |



Be sure to sign **and date** the application.

**Authorization and Acknowledgements**

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or

misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

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I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, 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 and all other persons and entities, from any, and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature Date