

INSIGHT PIPE CONTRACTING		APPLICATION FOR EMPLOYEMENT EQUAL OPPORTUNITY EMPLOYER	
232 E. Lancaster Road Harmony, PA 16037		Phone: 724-452-6060 Fax: 724-452-3226	
PERSONAL INFORMATION		DATE:	
NAME (Last Name First)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	REFERRED BY	HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYMENT DESIRED			
POSITION	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN?	
EDUCATION HISTORY			
NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR			
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS SCHOOL			
GENERAL INFORMATION			
Subjects of Special Study or Special Training Skills			
U.S. MILITARY OR NAVAL SERVICE		RANK	
VALID DRIVERS LICENSE # State		CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	CLASS
In the past four years, have you been required to have a random drug test? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever failed a drug test? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS

FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First)

DATE Month/Year	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON/LEAVING
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES (List Below The Names Of Three Persons Not Related To You, Whom You Have Known For At Least One Year.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of of my knowledge and understand, that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, person or otherwise, and release the company from all liability from any damage that may result for utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____
DO NOT WRITE BELOW THIS LINE

REMARKS (Neatness, Character, Personality, Ability)

HIRED	DEPARTMENT	POSITION	START DATE	SALARY

APPROVED BY _____ DATE _____