

DELIGANS VALVES, INC.
APPLICATION FOR EMPLOYMENT
FOR FULL OR PART TIME

Pre-Employment Questionnaire **(An Equal Opportunity Employer)**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date: _____ Social Security Number: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone #: _____ Cell# _____

Are you either a U.S. Citizen or an Alien authorized to work in the United States?

___ Yes ___ No If so, please state which one: ___ U.S. Citizen ___ Alien

6 MONTH TRIAL EMPLOYMENT PERIOD

SPECIAL QUESTIONS:

Height: ___ feet ___ inches Weight: ___ lbs. *Are you 18 years of age? ___ Yes ___ No

Place of Birth: _____
City State

**Have you ever been convicted of a felony within the last 5 years? ___ Yes ___ No

If so, please describe: _____

Is there any non-medical reason why you cannot perform the job you are applying for? ___ Yes ___ No

If yes, please describe: _____

I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment. I agree to consent to take such test at such time as designated by the company and to release the Company, its Directors, Officers, Agents, or Employees from any claim arising in connection with the use of such Test: ___ Yes ___ No

*The age discrimination in the employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40.

**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied for.

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this company before? _____ If so, where and when? _____

GENERAL:

Military Service: ___ Yes ___ No If yes, which branch: _____

How long: _____ Rank _____ Grade at time of discharge: _____

Are you presently in the National Guard of Reserves? _____

****NOTE: I AGREE TO PAY FOR MY PHYSICAL AND DRUG SCREEN TESTING IF I CHOOSE TO LEAVE WITHIN A YEAR OF MY EMPLOYMENT.**

EDUCATION:

	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
GRAMMER HIGH SCHOOL				
TRADE/ BUSINESS SCHOOL OR COLLEGE				

FORMER EMPLOYERS: (PLEASE LIST LAST TWO STARTING LAST ONE FIRST)
MONTH & YEAR NAME AND ADDRESS OF EMPLOYER MISC. QUESTIONS

		PHONE#:
		CONTACT:
		POSITION:
		SALARY:
		REASON OF LEAVING:
		TYPE OF WORK:

MONTH & YEAR NAME AND ADDRESS OF EMPLOYER MISC. QUESTIONS

		PHONE#:
		CONTACT:
		POSITION:
		SALARY:
		REASON OF LEAVING:
		TYPE OF WORK:

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualification acquired from employment or other experience.

REFERENCES: (Give names of two persons not related to you, whom you have known at least 1 year.

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE#: _____	YRS. ACQUAINTED: _____
YRS. ACQUAINTED: _____	YRS. ACQUAINTED: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

NAME	ADDRESS	PHONE#

I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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 listed above to give you and all information concerning my previous employment and any pertinent information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period any may, regardless of the date of payment of my wages and/or salary, be terminated at anytime without prior notice.

DATE	PRINTED NAME	SIGNATURE
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DELIGANS VALVES, INC.
TERMS AND PRE-EMPLOYMENT TESTING AND EMPLOYMENT
CONDITIONS FOR EMPLOYEES

IF YOU STATE THAT YOU CAN PASS YOUR PRE-EMPLOYMENT DRUG SCREEN TEST AND FAIL, YOU WILL BE LIABLE FOR THE CHARGES. YOU WILL BE BILLED DIRECTLY BY THE TESTING FACILITY AND PAYMENT IS DUE IMMEDIATELY.

_____ INITIAL _____ DATE

IF YOU VOLUNTARILY LEAVE OUR EMPLOYMENT BEFORE A YEAR, WE WILL DEDUCT FROM YOUR LAST PAYCHECK ALL CHARGES INCURED FOR YOUR PHYSICAL AND DRUG SCREEN TEST.

_____ INITIAL _____ DATE

IF YOU HAVE AN ACCIDENT ON THE JOB, IT MUST BE REPORTED IMMEDIATELY TO YOUR SUPERVISOR. THIS IS THE LAW. IF YOU DO NOT REPORT THE ACCIDENT, HOWEVER MINOR IT MAY SEEM YOU MAY LOSE YOUR CLAIM RIGHTS UNDER OUR WORKMENS COMPENSATION INSURANCE.

_____ INITIAL _____ DATE

I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE CONDITIONS AS TERMS OF MY EMPLOYMENT WITH DELIGANS VALVES, INC.

_____ INITIAL _____ DATE

SIGNATURE: _____

DATE: _____