



General Application for Employment

The information given on this form is solely for the use of ACT Pipe & Supply, Inc. And will be held in the strictest confidence. It will be the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the company in any way.

Date

Please Print

Personal	Last Name:		First Name:		Middle Name:		Social Security Number:		
	Present Address:			City, State:		Zip Code:		Telephone Number:	
	Alternate Address:			City, State:		Zip Code:		E-Mail Address:	
	Referred By:				Date Available for Employment:			Eligible to Work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Position(s) Applied For:				Salary Desired:			Geographical Locations Preferred:	
	Are you willing to Travel? Yes <input type="checkbox"/> No <input type="checkbox"/>			Work Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>			Transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you previously worked for our company? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Must be completed in its entirety, including salary information.

Employment Background	1. Present (or last) Company Name:		Address:		City, State:		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Dates: From: To:		Starting Salary: \$		Current (or ending) Salary: \$				
	Job Title:		Supervisor/Telephone Number:			Reason for leaving:			
	Brief description of duties (include number of persons supervised, if applicable):								
	2. Previous Company Name:		Address:		City, State:				
	Dates: From: To:		Starting Salary: \$		Current (or ending) Salary: \$				
	Job Title:		Supervisor/Telephone Number:			Reason for leaving:			
	Brief description of duties (include number of persons supervised, if applicable):								
	3. Previous Company Name:		Address:		City, State:				
	Dates: From: To:		Starting Salary: \$		Current (or ending) Salary: \$				
Job Title:		Supervisor/Telephone Number:			Reason for leaving:				
Brief description of duties (include number of persons supervised, if applicable):									

ACT PIPE & SUPPLY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN OR DISABILITY.

Education	Schools Attended and Location	Dates Attended		Major	Type Degree	Grade Average		Date of Graduation
		From	To			Overall	Major	
	High School					Diploma or GED Yes <input type="checkbox"/> No <input type="checkbox"/>		
College								
College								
College								
Special Awards or Recognitions					If no degree, indicate number of college credit hours completed.			

Military	Active Duty Branch	Dates of Active Duty	Highest Rank Attained
	Reserve Status	Reserve Branch	

Criminal	<p>Have you ever plead guilty or nolo contendere (no contest), received deferred adjudication, received probation, court ordered community supervision, pre-trial diversion, or been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the date, nature, locations and disposition.</p>
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Skills	List office skills, trades, abilities or license certifications that may be beneficial in the job for which you are applying.
	Foreign Languages: _____ Degree of Proficiency Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>

List three persons (not relatives) most familiar with your abilities who have known you for 3 years or more (supervisors preferred)

References	Name and Association	Occupation	Address	Phone	Years Known
	Name and Association	Occupation	Address	Phone	Years Known
	Name and Association	Occupation	Address	Phone	Years Known

APPLICANTS'S STATEMENT (Applicant must review and sign below.)

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 days period, I will reapply. I understand that if I am employed by ACT Pipe & Supply, Inc. My employment and compensation can be terminated, with or without cause and with or without prior notice.

I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, an release all parties from all liability for any damage that may result from furnishing same to you.

I hereby grant ACT Pipe & Supply, Inc. The right and privilege to withhold retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to ACT Pipe & Supply, Inc. Or any of its affiliates, subsidiaries, or division, from any salary, wages, commissions, or any other debt owed to me by the Company.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT _____ DATE _____



Services Request Form

Tel: 713.880.3693 * 888.636.3693

Fax: 713.880.3694 * 888.636.3694

Company Name: <i>ACT Pipe & Supply</i>		Requested By:
Date:	Telephone Number:	Fax Number:

Authorization For Release of Information:

In connection with my employment application for employment, or contract for services with this company, I fully understand that this release acknowledges that this company may now, or at any time while I am employed, request a consumer report containing information for verification of background and personal character. I authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions, and all government agencies to release the abstract of driving records and/or said information without restriction or qualification. I authorize a Photostat of this release to be considered as effective and valid as the original.

This release shall be limited in its scope or purpose for reasons of business necessity. All results will be proprietary and kept confidential and will not be provided to any parties other than this company or its legal representatives or as required by law. I hereby declare the answers to the questions on my application and any attachments to be true and correct; that any misstatement of fact or omission may be the basis for rejection or revocation of my application for employment. I have the right, with proper identification to dispute the accuracy or completeness of any information contained in my report/files. Kress Employment Screening does not make or recommend employment decisions pertaining to my consumer report. To obtain a copy of my report or contest the content, I may call 1-888-636-3693.

This company is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age, or disability. I authorize Kress Employment Screening to provide the results of my consumer report to this company or its representatives. I further release this company and Kress Employment Screening, their officers, employees, and agents from any and all liability arising from the results and preparation of my consumer report. I have read or have had read to me this release form and I understand, consent, and agree to authorize the execution of this release in full by my signature this date.

As a resident of CA, MN, or OK - I am checking this box because I would like to receive a free copy of my investigative consumer report when complete.

New York Applicants Only - - Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested you may contact KRESS for a free copy of the report.

Services Requested:

- Audit Package
- CDL History
- CDLIS
- Driving History
- Essential Package

**Include a copy of Application/
Resume for Education/Employment
Verifications.**

Income Range:

- Under \$75,000
- Over \$75,000

Signature:	Date:	Witness:
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To Be Completed By Applicant (Addresses Last Seven (7) Years)	First Name:	Middle Name:	Last Name:	Maiden Name:
	Social Security Number:	Gender:		Date of Birth:
	Driver's License Number:	State:		Position:
	Current Address:	City:	State:	How Long?
	Previous Address:	City:	State:	How Long?
	Previous Address:	City:	State:	How Long?
	Previous Address:	City:	State:	How Long?

Signature Required