



Piping Enterprise Company, Inc.

All information requested on this form is used solely to evaluate your ability to perform the job for which you are applying. It is the policy of PECO not to discriminate in any way against any applicant or any employee because of race, color, religion, sex, age, national origin, sexual orientation, marital status, physical/mental disability (unrelated to ability to perform essential job functions) or veteran status, in accordance with applicable federal and state laws.

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE INT.	TODAY'S DATE
ADDRESS (Street, City, State, Zip)			SS#
HOME TELEPHONE	WORK TELEPHONE	E-MAIL	
() -	() -		
EMERGENCY CONTACT:			
Have you ever interviewed with this company before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide date(s), location(s) and position(s) applied for:			
Have you ever been employed by this company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide date(s), location(s), and position(s):			
Do you have any relatives employed by this company?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, provide name(s), location(s), and position(s):			
Are you at least 18 years of age		Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT DESIRED

Position Applied for:	Date Available to Work:

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent.

From:	Employer Name:	Supervisor's Name:	Phone #:
To:			() -
Job Title:	Address:	Reason For Leaving:	Hourly Rate:
Duties/ Responsibilities: TM			
From:	Employer Name:	Supervisor's Name:	Phone #:
To:			() -
Job Title:	Address:	Reason For Leaving:	Hourly Rate:
Duties/ Responsibilities: TM			
From:	Employer Name:	Supervisor's Name:	Phone #:
To:			() -
Job Title:	Address:	Reason For Leaving:	Hourly Rate:
Duties/ Responsibilities: TM			
From:	Employer Name:	Supervisor's Name:	Phone #:
To:			() -
Job Title:	Address:	Reason For Leaving:	Hourly Rate:
Duties/ Responsibilities: TM			

REFERENCES

Please provide three references (not relatives or previous employers).

NAME	ADDRESS	PHONE
		() -
		() -
		() -

GENERAL

Are you currently employed? Yes No ----- If yes, may we contact your present employer? Yes No

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
 Yes No

Have you ever been convicted of a felony conviction that occurred more than two years ago? Yes No If Yes provide details.
 Answering 'yes' does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation, and position applied for will be taken into account.

Do you have the legal right to work in the United States? Yes No

SERVICE RECORD

U. S. Military Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:
Rank:	Specialty:	Discharge/Retirement Date:
Present Membership in National Guard or Reserves:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch of Service:	Specialty:	Date Obligation Ends:

EDUCATION: circle last year completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

School Name	School Address	Years Completed	Major Studies	Degree/Diploma/Certificate

SKILLS (check types of construction work where experienced and qualified)	CONTRACTORS' SAFETY COUNCIL (Check current councils and when expires)
---	---

<p>INTERPRET DRAWINGS Blue Prints Isometrics</p> <p>WELDING (CERTIFIED) <input type="checkbox"/> Heliarc <input type="checkbox"/> Tube <input type="checkbox"/> Structural <input type="checkbox"/> TIG <input type="checkbox"/> Pipe <input type="checkbox"/> MIG <input type="checkbox"/> Plate <input type="checkbox"/> Orbital <input type="checkbox"/> Weld Anchors</p> <p><input type="checkbox"/> Boilermaker <input type="checkbox"/> Exchangers <input type="checkbox"/> Drums <input type="checkbox"/> Towers <input type="checkbox"/> Boiler Components</p> <p><input type="checkbox"/> Heaters <input type="checkbox"/> Fit & Roll Tubes</p> <p>Clerical Timekeeper</p>	<p>Equipment Operator Back Hoe Cranes/Pickers Forklift Truck/DOT</p> <p>Hole Watch</p> <p>Fire Watch Safety Personnel List all accreditations:</p> <p><input type="checkbox"/> Tool Room</p> <p>Other: _____ _____ _____</p>	<p>SAFETY TRAINING <input type="checkbox"/> Houston Area Safety Council <input type="checkbox"/> Oklahoma Safety Council <input type="checkbox"/> Alliance Safety Council <input type="checkbox"/> OSHA Basic Plus <input type="checkbox"/> OSHA 10</p> <p>NCCER ASSESSED NCCER CERTIFIED <input type="checkbox"/> VERIFORCE CERTIFIED <input type="checkbox"/> TWIC Card <input type="checkbox"/> Oklahoma Apprentice Card PFT Fit test</p> <p>Other : _____ _____ _____</p>
---	---	--

APPLICANT STATEMENT I understand and agree to the following:

(1) This application is not a contract of employment. (2) Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal. (3) The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason with or without notice consistent with applicable law. (4) All hired persons must provide proof of identity and authorization to work in the US under the requirements of the Federal Immigration Reform and Control Act of 1986 (IRCA). Failure to produce such proof will result in denial of employment. (5) I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or previous employer as well as conduct a background check. (6) Prior to commencing work, all candidates for employment are required to submit to a chemical screening (urinalysis) test. Refusal to take the test or confirmed positive result for which the employee has no legitimate medical reason, application for employment will be denied. (7) Employee gives permission to electronically send pay stubs.

Signature of Applicant

Date