



# Pappas Piping Services, Inc.

2109 O'Toole Ave, Unit P • San Jose, Ca. 95131  
Office 408.922.0958 • Fax 408.922.0959  
LIC# 856558

## Application for Employment

Today's Date	Last Name	First Name	Middle
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Present Address	City	Zip Code
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Home Phone Number	Mobile Number	
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Permanent Address (If different from above)	City	Zip Code
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Position Desired	Requested Salary
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Upon request can you provide proof that you are authorized to work in the United States?  Yes  No

Are you over 18 years of age?(If under 18, hire is subject to verification that you are of minimum legal age)  Yes  No

Date available for employment:	Have you ever worked for us? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, when: _____

	Have you ever applied for work with us? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, when: _____

How were you referred to us? \_\_\_\_\_

Employee: \_\_\_\_\_ Relative: \_\_\_\_\_

Employment Agency: \_\_\_\_\_ Ad: \_\_\_\_\_

Publication: \_\_\_\_\_ Other: \_\_\_\_\_

List any friends or relatives working at PPS, Inc., and their relationship to you: \_\_\_\_\_

**HOURS**

Are you applying for:

Regular Full-time work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Regular Part-time work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary work (e.g., summer or holiday work)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specify: \_\_\_\_\_

Do you have reliable daily transportation to and from work? \_\_\_\_\_

**EDUCATION**

High School or G.E.D. \_\_\_\_\_ Graduated  Yes  No Year of Graduation \_\_\_\_\_

Type of degree/diploma/certificate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Post-Secondary School: College or University / Dates \_\_\_\_\_  
Graduated  Yes  No

Types of Degrees	Diploma / Certificate	Major	Subject Studied
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Other \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with your most recent position, use additional sheet if necessary. Do not omit any employers.)

**Employer**

Address

Job Title

Supervisor's Name

Phone Number

If currently employed, may we contact your present employer?

 Yes NoDates Employed  
Mo. / Yr.

Starting Position:

Starting Salary:

hr. / mo.

From:

Last Position:

Ending Salary:

hr. / mo.

To:

Brief description of your responsibilities:

Reason for Leaving:

**Employer**

Address

Job Title

Supervisor's Name

Phone Number

Dates Employed  
Mo. / Yr.

Starting Position:

Starting Salary:

hr. / mo.

From:

Last Position:

Ending Salary:

hr. / mo.

To:

Brief description of your responsibilities:

Reason for Leaving:

**Employer**

Address

Job Title

Supervisor's Name

Phone Number

Dates Employed  
Mo. / Yr.

Starting Position:

Starting Salary:

hr. / mo.

From:

Last Position:

Ending Salary:

hr. / mo.

To:

Brief description of your responsibilities:

Reason for Leaving:

**OTHER RELEVANT BACKGROUND**

Specify any special training relevant to the job applied for:

Specify any special skills relevant to the job applied for:

If you are currently employed under a written contract with any company, and that contract restricts you in any way in working for a competitor, please specify the restrictions:

(PPS, Inc. may request a copy of the relevant sections of the contract.)

**ESSENTIAL REQUIREMENTS OF THE POSITION**

The essential requirements for the job for which you are applying are specified on the attached job description.

Can you perform the listed essential requirements with or without reasonable accommodation?  Yes  No

(Note: We comply with the ADA and state law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

If this box  is checked, the position applied for has driving as an essential function. Please fully describe your driving records for the past seven years: \_\_\_\_\_

NOTE: Background checks including DMV records may be required at any point during the application and hiring process.

**WORK REFERENCES**

Name:	Address:
Phone number:	Occupation:
Years Known:	How Known:
Name:	Address:
Phone number:	Occupation:
Years Known:	How Known:
Name:	Address:
Phone number:	Occupation:
Years Known:	How Known:
<b>MILITARY SKILLS</b> Have you acquired, or were you trained in any skills relevant to the position applied for while in U.S. military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify skills:
<b>OTHER</b> Besides the crime of possession of less than an ounce of Marijuana for personal use more than two years ago, have you ever plead guilty to, "no contest" to or been convicted of any crime? (Misdemeanor automobile violations are included within this question.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe the nature of the crime(s), when and where convicted and disposition of the case:

(A conviction will not necessarily disqualify an applicant for the job applied for. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered. You may exclude any conviction where the record was judicially ordered, sealed expunged or statutorily eradicated; and any misdemeanor for which probation was successfully completed or otherwise discharged and the case has been judicially dismissed.)

Have you ever committed a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:
Are you currently under arrest pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe how it will affect your availability for work, if at all:
Have you ever stolen property or money from a former employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Have you ever damaged a former employer's property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Do you carry a weapon on your person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you have a permit to carry the weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENT BEFORE SIGNING:**

I hereby certify that all information contained in this application is true and correct to the best of my knowledge. I further certify that I have not knowingly withheld any information that may adversely affect my chances for employment. I understand that any error or omission of information may result in denial of employment or termination at any time. I authorize all my current and former employers and their employees, past or present, to give PPS, Inc. any and all information concerning my employment history and any pertinent information they may have, personal or otherwise. I also authorize that all my former schools may give PPS, Inc. any or all information concerning my education. I also authorize all the references that I have provided to give any information to PPS, Inc. that they consider relevant. I waive all privacy interests in such information.

I understand that PPS, Inc. also may require background screening conducted by a background check provider at any time during the application and hiring process. PPS, Inc. will provide a separate authorization in such event.

I further release all the sources referenced above (and all their employees, officers, directors and agents) and PPS, Inc. (and its employees, officers, directors and agents) of all claims and liability for any damages resulting from their furnishing any information, whether I agree or disagree with the content of the disclosed information. Thus, I understand that if any one of the above sources discloses information which I believe to be erroneous, I cannot bring any legal action against that source or PPS, Inc. regarding the disclosure of the information. In this regard, I waive any and all benefits associated with California Civil Code Section 1542, which provides:

“General Release/Claims Extinguished. A general release does not extend to claims which the creditor does not know or suspect to exist in his/her favor at the time of executing the release, which if known by him/her must have materially affected his settlement with the debtor.”

If employed, I understand that my employment can be terminated with or without cause, at any time, and for any reason, or no reason, at the option of either the Company or myself. I understand that no one, other than the President/Secretary of PPS, Inc. has any authority to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing. Any agreement entered into by the President can only be made in writing signed by him/her and the employee.

I understand that the issuance of this Application does not indicate that there are any positions open.

Date

Signature

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We comply with the requirements of the Americans with Disabilities Act and state law. If you feel that you require a reasonable accommodation at any step of the interview/application process please notify us within a reasonable time. We may request that you support your request with medical documentation.

It is our policy and intent to provide equal opportunity to all persons without regard to race, color, religion, political affiliation, sex/gender (including gender identity, childbirth, and related medical conditions) marital status, registered domestic partner status, sexual orientation, age (over 40), ancestry, national origin, veteran status, disability, medical condition, or genetic characteristics as defined in state and federal laws. This policy covers all facets of employment including, but not limited to: recruitment, selection, placement, promotions, transfers, demotions, terminations, training, compensation and all aspects of employment.