

**APPLICATION FOR EMPLOYMENT — NON-EXEMPT POSITION**

**PIPE & SUPPLY, INC.**  
**HUBBARD**  
**KITCHEN & BATH SHOWROOM**

Date: \_\_\_\_\_ N.C. Driver's License No: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Permanent Address (If different from present address): \_\_\_\_\_

Are you 18 years old or older?  
 Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?  
 Yes  No

Have you ever worked or attended school under another name? If so, under what name?  
\_\_\_\_\_

Have you ever been arrested? \*  Yes  No

Have you ever been convicted of a crime? \*  Yes  No

If yes to either question, give details, including date(s):  
\_\_\_\_\_

\* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

**POSITION DESIRED**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Hourly rate/monthly salary desired: \_\_\_\_\_

Do you prefer:  Full-time  Part-time  
If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_  
Days of week you are available to work: \_\_\_\_\_

Are you able to work:

Weekends\*  Yes  No Holidays\*  Yes  No Nights\*  Yes  No

\* if required for the position for which you're applying

Are you available to work overtime?  Yes  No

Have you previously worked for this company? If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving:

How did you learn about this opening?

**EDUCATION**

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
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Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
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College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
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Other education or training:

Other special skills:

**MILITARY EXPERIENCE**

Branch of Service:	Dates Served:	Rank at Discharge:
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Education and Training:

**WORK EXPERIENCE**

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:	Address:
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From _____ to _____	Position Held:	Reason for leaving:
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Supervisor's Name & Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Description of Duties:

Starting Hourly Pay:	Final Hourly Pay:
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Employer:	Address:
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From _____ to _____	Position Held:	Reason for leaving:
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Supervisor's Name & Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:
Employer:		Address:
From            to	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:
<p><b>AUTHORIZATION AND ACKNOWLEDGMENTS</b></p> <p>I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.</p> <p>I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.</p> <p>Applicant Signature: _____</p> <p>Date:</p>		

**EARL R BUTLER SHERIFF  
CUMBERLAND COUNTY SHERIFF'S OFFICE**

*An Internationally accredited Law Enforcement Agency*

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ do hereby authorize and release from any and all liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State and Federal entities, including the CUMBERLAND COUNTY SHERIFF'S OFFICE, to release, furnish, and exchange any and all available information, including medical records, regarding me. This includes, but is not limited to, opinions about my character, integrity and reputation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**131 DICK STREET - FAYETTEVILLE, NORTH CAROLINA - 28301-5793  
910-323-1500**

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**CUMBERLAND COUNTY SHERIFF'S OFFICE – CRIMINAL RECORDS CHECK**

**PRINT CLEARLY! Name, Date of Birth, Race, Sex & Social Security Number of person whose record you are requesting.**

Name: (Last, First, Middle) \_\_\_\_\_

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Valid Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_

Person Requesting This Check: \_\_\_\_\_ Date: \_\_\_\_\_

**MAKE NO ENTRY BELOW THIS LINE**

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**CUMBERLAND COUNTY RECORDS FROM MAY 1982 TO PRESENT DATE REVEAL:**

No record found based on the information provided: \_\_\_\_\_

Traffic record only, copy attached: \_\_\_\_\_

Criminal record, copy attached: \_\_\_\_\_

# **PIPE & SUPPLY, INC.** **HUBBARD** **KITCHEN & BATH SHOWROOM**

## **Disclosure and Release Form Employee Driving Record Information**

1. In connection with my employment (or my application for employment) I hereby give permission to \_\_\_\_\_ (hereinafter referred to as Employer) to obtain my state driving record (also known as my motor vehicle record or MVR).
2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
3. I authorize, without reservation, any party or agency contacted by Employer, to furnish the above-referenced information.
4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two year period preceding my request.
5. This authorization shall remain on file by Employer for the duration of my employment and will serve as ongoing authorization for Employer to procure my state driving record at any time during my employment period.
6. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
  - Employer must notify me in writing of any such adverse action.
  - I have the right to receive a copy of my driving record upon which the adverse action was based.
  - I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the consumer reporting agency that provided my driving record to my Employer.
  - I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action.
  - I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it and request that errors be corrected.

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Employee's name (Print)	Employee's Signature	Date
State of Licensing	Drivers License Number	Date of Birth