

Maryland Pipe & Supply Co. LLC
100 Ford Drive
Hancock, MD 21750

Phone: 301-678-2970
Fax: 301-678-6187

EMPLOYMENT APPLICATION

NAME: _____ DATE: _____
First Middle Last WAGE: _____
(Requested)

ADDRESS: _____

COUNTY: _____ PHONE _____ SSN _____

DRIVERS LISCENCE #: _____ STATE: _____

DATE OF BIRTH: _____ DATE AVAILABLE TO START: _____

EMPLOYMENT HISTORY, Please list from most recent to least recent

Company Name Phone

Address City State Supervisor
Title: _____ Duties _____
Employed From _____ To _____ . Salary: _____ per _____
Reason for Leaving: _____

Company Name Phone

Address City State Supervisor
Title: _____ Duties _____
Employed From _____ To _____ . Salary: _____ per _____
Reason for Leaving: _____

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PERSONAL REFERENCES:

Name: _____ Years Known: _____

Address: _____

Phone Number: _____ Business: _____

Name: _____ Years Known: _____

Address: _____

Phone Number: _____ Business: _____

PHYSICAL HISTORY

Do you have any injuries or impairments that may affect your performance on the job or inhibit the kind of work that you can do? _____

If so please explain the nature of the injury or impairment and what accommodations may be necessary: _____

Have you had a claim for Workers Compensation? _____ Is the claim still open _____

Reason for Claim _____

Where _____ Employer _____

Do you have any impairments in hearing? _____, vision? _____, or speech? _____.

Have you had injury to your Neck _____, or Back _____.

Please Explain the nature of the impairment or injury. _____

In case of any emergency please notify:

Name _____ Relation: _____ Phone _____

I Authorize Company to investigate any information deemed necessary for employment. I understand misrepresentation or omission of facts will be cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any given time without previous notice or warning.

Signature of Applicant: _____

Drug Testing Consent Form

I, _____, have received a copy of the company Drug Policy. I have read and understand its' contents and understand that I must be drug free as a condition of employment. I further understand, and give my consent to be tested for drugs at the request of my employer.

Company Drug Policy

The use and influence of drugs in the workplace is detrimental to the health and safety of our employees. Although the use and possession of drugs while at work, and on company property is strictly prohibited, the continued growth of drug abuse in our society requires additional steps to protect the safety, well being and productivity of our employees.

We have instituted a policy designed to have each applicant and employee sign a pre-employment consent form allowing us the right to have each applicant tested for drug use prior to consideration for employment and to have each employee tested randomly during employment, with reasonable cause. Circumstances demonstrating reasonable cause include, but are not limited to:

- Observed using drugs
- Symptoms of use or dependency are displayed
- Abnormal conduct or behavior
- Drug related arrest
- Information provided by a reliable source
- Unexplained decrease in performance
- Observation of circumstantial evidence of use.

Employees refusing to be tested will be re-informed of the policy and if the reason for refusal is deemed to be insufficient by management, the employee faces possible termination. At the time of testing, employees will be required to sign a consent form authorizing routine medical laboratory tests for drugs. Refusal to consent to signing the consent form shall be grounds for disciplinary action including dismissal.

Signature