Employment Application

Sargent Pipe Company
P.O. Box 627
Broken Bow, NE 68822

Today's Date: _____

Name: _____
First Middle Initial Last

Current Address: _____
Street City State Zip

Telephone Number: _____ Email: _____

Prior Address: _____
Street City State Zip

APPLICATION INSTRUCTIONS

If you need help filling out this application form, please notify the person that gave you this form.

1. Please read the APPLICANT NOTE below.
2. Complete both pages.
3. If more space is needed, use the Comments Section at the bottom of this page.
4. Print clearly. Incomplete or illegible forms will not be processed.
5. If a Section is Not Applicable, please write Not Applicable.
6. Provide only the information requested. Failure to do so may disqualify you from employment with this company.

APPLICANT NOTE: This application form is intended solely to evaluate your qualifications for employment with Sargent Pipe Co. This is not an employment contract. Please read and accurately answer all questions. Any incorrect or incomplete statements on this application or during the interview process may result in rejection of your application or discharge if discovered after you are hired. All applicants are considered for employment without regard to race, color, religion, national origin, gender, age (except where minimum ages are required), marital status, or status as a qualified individual with a disability. Additional job-related testing may be required prior to employment. Conditional offers of employment may be subject to successful completion of drug screening and/or a physical examination and medical review.

AVAILABILITY: Position Applying For: _____

When can you begin work: _____ Would you prefer: ☐Full-Time ☐Part-Time ☐ Temporary Work

You available to work at the following times: Weekdays☐Weekends☐ Evenings ☐Overtime☐ Nights☐

JOB SKILLS: NOTE: Do not fill out any part of this section you believe to be not job related. Mark it as N/A or Not Applicable.

- If the job requires a Driver's License, do you have a current and appropriate valid license?
  Name on License: _____ DL#: _____ State: _____
- Any moving violations in the past seven (7) years? Please describe: _____
  _____
  List any skills, licenses, certificates, etc. that may be job related or would be of value to this company.
  _____
- Have you been given a job description of the job you are applying for?
- Do you understand these essential job functions?
- Can you perform these essential functions with or without reasonable accommodation?

SECURITY List the states and counties where you have lived in the past seven (7) years:

_____

- Have you used any names other than the one given above. If so, please list those names:

_____

- Have you ever been convicted of a felony? If so, please list below.
  NOTE: Conviction will not necessarily eliminate you from consideration for employment.

Date of Conviction	Description	City and State

Comments:

_____

_____

_____

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application will ***not*** be considered unless every question in this section is answered. We will contact previous employers so the correct company name, city, state, and telephone numbers are crucial.

MOST RECENT EMPLOYER

Are you currently employed by this employer? -
May we contact this employer? -

Company Name: _____ City: _____ State: _____

Company Phone Number: (_____) _____ Company Fax Number: (_____) _____

Dates Employed: From: _____ To: _____ Job Title: _____

Job Duties: _____

Salary: $_____ Reason for Leaving: _____

SECOND MOST RECENT EMPLOYER

Are you currently employed by this employer? -
May we contact this employer? -

Company Name: _____ City: _____ State: _____

Company Phone Number: (_____) _____ Company Fax Number: (_____) _____

Dates Employed: From: _____ To: _____ Job Title: _____

Job Duties: _____

Salary: $_____ Reason for Leaving: _____

THIRD MOST RECENT EMPLOYER

Are you currently employed by this employer? -
May we contact this employer? -

Company Name: _____ City: _____ State: _____

Company Phone Number: (_____) _____ Company Fax Number: (_____) _____

Dates Employed: From: _____ To: _____ Job Title: _____

Job Duties: _____

Salary: $_____ Reason for Leaving: _____

REFERENCES: Include individuals familiar with your work ability or character. Do not include any relatives.

Name	Address and Phone Number	Years Known and Relationship to Them

Were you referred by a Sargent Employee? _____ If so who? _____

EDUCATION

Please choose the highest school grade completed: -

High School Name: _____City/State_____Year_____

College Name: _____ City/State_____Year_____

Trade School: _____ City/State_____Year_____

Military Service: _____ Armed Force: _____ Years_____

CERTIFICATION AND RELEASE: I certify that I have read and understand the "Applicant Note" section on page one of this form and that the answers given by me on this application are accurate and complete. I understand that if I provide any inaccurate or incomplete information on this application form or otherwise in the application process, my application may be rejected or, if employed, my employment may be terminated.

I authorize the company to verify any of the information that I provided. I authorize all former employers, persons, schools, companies, and law enforcement agencies to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I understand that the use of illegal drugs is prohibited during employment. In accordance with Company policy, I agree to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand and agree that employment with the Company, if offered, is at will and may be terminated at any time by me or by the Company with or without notice or cause. I understand and agree that, if I am employed by the Company, from time to time I may receive compensation increases, performance reviews, promotions, demotions, disciplinary action and the like, none of which is intended to alter the at-will nature of my employment with the Company.

Except in a written statement by me and by the President of the Company, I understand that I should not rely on any statements, promises or representations, written or oral, from anyone in the Company, including a supervisor or a manager, which contradict the Company's right to terminate my employment at any time, with or without notice or cause.

Signature: _____ Date: _____

WE

TEST

FOR

DRUGS

DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF A
MOTOR VEHICLE REPORT

In connection with your application for employment, and through the course of your employment with Sargent Pipe Co., Inc., we may procure a motor vehicle report on you.

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we received the request from you or within 5 days of the time the report was first requested.

By your signature below, you hereby authorize us to obtain a motor vehicle report about you in connection with your application for employment and through the course of your employment with Sargent Pipe Co., Inc.

Applicant's Name: _____
Last First Middle

Applicant's Address: _____

City/State/Zip: _____

License Number: _____

Birthdate: _____

Soc. Sec. #: _____

Email Address: _____

Signature: _____

Date: _____