



PO Box 1602, 2348 West 10th Street
Roanoke Rapids, North Carolina 27870

EMPLOYMENT APPLICATION

The Perfect Fit.

SPECIFIC POSITION APPLIED FOR

This application is valid for 60 days from application date.

NAME (First, Middle Initial, Last)		SOCIAL SECURITY NUMBER	APPLICATION DATE
PERMANENT STREET ADDRESS		CITY	STATE ZIP CODE
HOME PHONE NUMBER ()	DATE OF BIRTH (Mo-Da-Yr)		DATE AVAILABLE
CELL PHONE NUMBER ()	RATE EXPECTED (Hr-Wk-Mo-Yr)		
EMERGENCY CONTACT NAME		RELATIONSHIP	TELEPHONE NUMBER ()

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? NO YES, Position Title

Date Terminated:

EDUCATION	SCHOOL NAME/LOCATION (City, State)	TOTAL YRS. COMPLETED	TYPE OF DEGREE RECEIVED	YR. DEGREE EARNED	MAJOR COURSE OF STUDY
HIGH SCHOOL					GRADUATE? <input type="checkbox"/> NO <input type="checkbox"/> YES GED? <input type="checkbox"/> NO <input type="checkbox"/> YES
COLLEGE					
GRADUATE SCHOOL					
VOCATIONAL/ TECHNICAL SCHOOL					

RELATED TRAINING COURSES

DATES ATTENDED (Mo./Yr.) From To	COURSE NAME	COURSE SPONSOR (School or Company)

CRAFT LICENSES/CERTIFICATIONS & NUMBER	STATE, COUNTY, CITY	EXPIRATION DATE

ARE YOU WILING TO RELOCATE NO YES

ARE YOU WILL TO TRAVEL NO YES

FOREIGN LANGUAGES SPOKEN: READ:

PERSONAL REFERENCES (List three (3) persons who are not relatives or former Supervisors)

NAME	ADDRESS (Street - City - State - Zip - Phone)	OCCUPATION	YEARS KNOWN

PREVIOUS EMPLOYMENT (Begin with present or last employer and list all previous employment. Use separate sheet if necessary)

DATES (Mo. - Yr.)	EMPLOYER NAME EMPLOYER ADDRESS (City - State)	POSITION TITLE NAME OF SUPERVISOR	BASE RATE OF PAY	REASON FOR LEAVING
From	1. Name	Position	\$	
To	City State	Supervisor	Per	
From	2. Name	Position	\$	
To	City State	Supervisor	Per	
From	3. Name	Position	\$	
To	City State	Supervisor	Per	
From	4. Name	Position	\$	
To	City State	Supervisor	Per	
From	5. Name	Position	\$	
To	City State	Supervisor	Per	
From	6. Name	Position	\$	
To	City State	Supervisor	Per	

HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A MISDEMEANOR? NO YES, Explain and Give Dates: _____

CHEMICAL SCREENING

Merritt Piping and Fabrication, Inc. maintains the work environment is safer and more productive without the presence of illegal drugs & controlled substances in the workplace. Merritt Piping and Fabrication, Inc. considers chemical screening (urinalysis) to be part of the overall program to prevent these substances from entering the workplace.

As part of our overall program, it is a requirement that all candidates for hire submit to a urinalysis screening subsequent to an offer of employment. Refusal to submit to chemical screening or confirmation of a positive test will result in denial of any further consideration for employment.

I hereby grant authorization to Merritt Piping and Fabrication, Inc. to solicit all information which it may solicit in connection with this application and request each employer and other firm or person referred to in this application to provide all such information to Merritt Piping and Fabrication, Inc. I hereby release all such employers, firms and persons from any liability or damage whatsoever resulting from their providing such information to Merritt Piping and Fabrication, Inc. Merritt Piping and Fabrication, Inc. is hereby authorized to circulate my application and other information which it obtains from the employers, firms or persons referred to in this application to all legally constituted authorities. Also, I grant Merritt Piping and Fabrication, Inc. the authority to allow legally constituted authorities to review all pertinent parts of my personnel file. I verify that to the best of my knowledge and belief, all statements in this application are true and correct. I understand that any misrepresentation herein may be cause for dismissal, if employed. I also understand that any employment of me by Merritt Piping and Fabrication, Inc. is terminable at will by Merritt Piping and Fabrication, Inc.

THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 REQUIRES MERRITT PIPING AND FABRICATION, INC. TO VERIFY THE IDENTITY AND THE RIGHT TO WORK IN THE UNITED STATES OF EACH NEW EMPLOYEE. ACCORDINGLY, ANY OFFER OR EMPLOYMENT WILL BE CONTINGENT UPON YOU PROVIDING THE APPROPRIATE DOCUMENTATION AT THE TIME OF HIRE.

Applicant's Signature _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER