

**APPLICATION FOR EMPLOYMENT**

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.*

<b>P E R S O N A L</b>	Last Name	First	Middle	Date
	Street Address			Home Telephone ( )
	City, State, Zip			Business Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Membership in Professional or Civic Organizations**  
*(Exclude those which may disclose your race, color, religion or national origin)*

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# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone (    )
	Address	Employed - (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work _____	Reason for leaving

<b>2</b>	Company Name	Telephone (    )
	Address	Employed - (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work _____	Reason for leaving

<b>3</b>	Company Name	Telephone (    )
	Address	Employed - (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work _____	Reason for leaving

<b>4</b>	Company Name	Telephone (    )
	Address	Employed - (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>	
	Employer Number(s) _____	Reason _____

FOR EMPLOYER'S USE ONLY

<b>R E F E R E N C E  C H E C K</b>	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

<b>T E S T  R E S U L T S</b>	Tests Administered	Raw Score	Rating	Analysis and Comments

<b>I N T E R V I E W  R E S U L T S</b>	Interviewer Name and Comments

<b>MILITARY</b>	Did you serve in the U.S. Armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what branch?
Describe any training received relevant to the position for which you are applying.		
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Have you ever been convicted of a felony and/or misdemeanor?

- NO**
- YES** If YES, please explain below

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*If necessary continue on a separate sheet of paper.  
 A conviction record will not necessarily prevent you from being employed.  
 Factors such as the crime, your age, nature and seriousness of the violation and rehabilitation will be taken into account.*

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

*The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.*

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Distributors of Plumbing,  
Heating, Cooling, Industrial  
Water Conditioning and  
Building Products



US Supply Company, Inc.,  
50 Pittsford Road, P.O. Box 367  
W. Conshohocken, PA 19380  
610-828-5600 Fax 610-826-7865

## **FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION**

As an applicant for employment or a current employee of US Supply Company, Inc. and its affiliates, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, US Supply Company, Inc. and its affiliates, may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when:

- 1.) considering your application for employment, 2.) making a decision whether to offer you employment, 3.) deciding whether to continue your employment (if you are hired), or 4.) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer reports to others, such as:

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes and investigating theft from co-workers or company property; potential fraud in insurance claims; or other forms of dishonesty.

### **AUTHORIZATION**

By signing below, I \_\_\_\_\_ hereby voluntarily authorize US Supply Company Inc. or its affiliates to obtain a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at US Supply Company, Inc.

I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date