



NATIONAL PIPE HANGER CORPORATION

CORPORATE HEADQUARTERS - 200 CAMPUS DR, MOUNT HOLLY, NJ 08060 TEL: (609) 261-5353 FAX: (609) 261-3249
MD OFFICE - 15850 COMMERCE CT, SUITE P, UPPER MARLBORO, MD 20774 TEL: (301) 568-8805 FAX: (301) 967-1456
E-MAIL: SALES@NATIONALPIPEHANGER.COM WEBSITE: WWW.NATIONALPIPEHANGER.COM

Application for Employment

Please print.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify National Pipe Hanger Corporation at 609-261-5353.

Name: _____
Last First Middle DOB

Address: _____
Street City State Zip Code

Telephone #: (_____) _____ Cellular/Other Phone # (_____) _____ E-Mail Address: _____

Position(s) applied for: _____ Date of Application: ____/____/____

Referral Source (Please check the appropriate category and list the source.)

☐ Walk-In: _____

☐ Advertisement: _____

☐ Other: _____

If necessary, the best time to call you is: _____:_____
AM PM

☐ Home ☐ Cellular/Other

May we contact you at work? ☐ Yes ☐ No

If yes, work number and best time to call:

(_____) _____:_____
AM PM

Have you submitted an application here before? ☐ Yes ☐ No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give dates: From: ____/____/____ To: ____/____/____

Is this application a request for re-employment
following an extended military leave of absence
from this company? ☐ Yes ☐ No

Are you legally eligible for employment in this country? .. ☐ Yes ☐ No

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time

☐ Seasonal ☐ Temporary

If they have been explained to you, are you able to
meet the attendance requirements of the position? ☐ Yes ☐ No ☐ N/A

Will you work overtime if required? ☐ Yes ☐ No

If no, please explain: _____

☐ Employee: _____

☐ Company's Website: _____

☐ Other Internet: _____

Date available for work: ____/____/____

Are you able to perform the "essential functions" of the job for which
you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability.
Please do not provide information about the existence of a disability, particular
accommodation, or whether accommodation is necessary. These issues may be
addressed at a later stage, to the extent permitted by law.

☐ Yes ☐ Temporary ☐ Need more information about the job's
"essential functions" to respond.

Driver's license number required if driving may be required in the job for
which you are applying:

_____ State: _____

Have you ever been bonded? ☐ Yes ☐ No

Answering "yes" to the following question does not constitute an automatic bar
to employment. Factors such as date of the offense, seriousness and nature of
the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest to or
been convicted of a felony? ☐ Yes ☐ No

If yes, give date(s) and details: _____

Have you entered into an agreement with any former
employer or other party (such as a noncompetition
agreement) that might, in any way, restrict your ability
to work for our company? ☐ Yes ☐ No

If yes, please explain: _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # () _____	Month Year Month Year Dates employed: _____/_____/_____ to _____/_____/_____	
Street Address	City _____ State _____	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Starting job title / final job title		Commission / Bonus / Other Compensation \$ _____	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Summarize the type of work performed and job responsibilities.		E-mail: _____	Commission / Bonus / Other Compensation \$ _____
What did you like most about your position?			
What were the things you liked the least about your position?			

Employer	Telephone # () _____	Month Year Month Year Dates employed: _____/_____/_____ to _____/_____/_____	
Street Address	City _____ State _____	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Starting job title / final job title		Commission / Bonus / Other Compensation \$ _____	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Summarize the type of work performed and job responsibilities.		E-mail: _____	Commission / Bonus / Other Compensation \$ _____
What did you like most about your position?			
What were the things you liked the least about your position?			

Employer	Telephone # () _____	Month Year Month Year Dates employed: _____/_____/_____ to _____/_____/_____	
Street Address	City _____ State _____	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Starting job title / final job title		Commission / Bonus / Other Compensation \$ _____	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Summarize the type of work performed and job responsibilities.		E-mail: _____	Commission / Bonus / Other Compensation \$ _____
What did you like most about your position?			
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Employer	Telephone # () _____	Month Year Month Year Dates employed: _____/_____/_____ to _____/_____/_____	
Street Address	City _____ State _____	Compensation (Starting)	
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Starting job title / final job title		Commission / Bonus / Other Compensation \$ _____	
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Summarize the type of work performed and job responsibilities.		E-mail: _____	Commission / Bonus / Other Compensation \$ _____
What did you like most about your position?			
What were the things you liked the least about your position?			

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?

☐ Yes ☐ No If yes, please explain: _____

Skills and Qualifications

Please check any of the following skills you possess and equipment you are qualified to operate:

Manufacturing Skills

☐ Assembly Line ☐ Welding ☐ Blueprint / Drawing Reading ☐ Computer Proficiency
☐ Construction ☐ Electronic ☐ Other: _____

Heavy Equipment

List: _____

Light Equipment

List: _____

Educational Background

Start with your most recent school attended and provide the following information:

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree: _____ <input type="checkbox"/> Certification: _____ <input type="checkbox"/> Other: _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similarly protected status.

Organization	Offices Held

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain: _____

Is there any other job-related information you want us to know about you?

Application Statement

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicants from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 of definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied or oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

National Pipe Hanger Corporation does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. National Pipe Hanger Corporation likewise does not tolerate harassment based on sex, race, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). National Pipe Hanger Corporation takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date of Application: ____ / ____ / ____

Mail Application for Employment to: **OR**
National Pipe Hanger Corporation
200 Campus Drive
Mount Holly, NJ 08060
Attn: HR Department

Email Application for Employment to:
humanresources@nationalpipehanger.com