

APPLICATION FOR EMPLOYMENT

UNITED SPRINKLER COMPANY, INC.

**80 POTOMAC CREEK DR.
FREDERICKSBURG, VA 22405**

United Sprinkler Company is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name: _____ Date _____
(Last) (First) (Middle)

Address: _____
(number & street) (City) (State) (Zip)

Phone Number: _____ Social Security #: _____

Position Sought: _____ Full Time ____ Part Time ____

Date Available: _____ Salary Desired: _____

Are you over 18 years old? Yes ____ No ____

Are you legally eligible for employment in the United States? Yes ____ No ____
If offered employment, you will be required to provide documentation, per the attached list of acceptable documents (detach for your records), to verify eligibility.

Have you ever worked for this company before? Yes ____ No ____
If yes, when? _____

Do you have any relative or friends that work for the company? Yes ____ No ____
If yes, who and where do they work? _____

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: _____
(Name of School) (City, State)

No. of years completed (circle one) 1 2 3 4

Diploma: Yes ____ No ____ G.E.D.: Yes ____ No ____

College and/or Vocational School:

(Name of School) (City, State)

No. of years completed (circle one) 1 2 3 4

Major _____ Degree(s) Earned _____

Other Training or Degrees:

(Name of School) (City, State)

Course _____ Degree or Certificate Earned _____

SKILLS:

Data Entry: Excel ____ Lotus 1,2,3 ____ Typewriter ____ wpm
Other ____

Word Processing: WordPerfect ____ MS Word ____ Other ____

Other Skills: _____

RECORD OF CONVICTION:

During the last ten years, have you even been convicted of a crime other than a minor traffic offense? Yes ____ No ____

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

EMPLOYMENT:

List last employer first, including U.S. Military Service.

Are you presently employed? Yes ____ No ____
If yes, may we contact your present employer? Yes ____ No ____

If any employment was under a different name, indicate name _____

Employer: _____

Address: _____

Telephone number: _____ Position: _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary: _____ Supervisor: _____

Department: _____

Duties: _____

FT ____ PT ____ No. of Hours _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone number: _____ Position: _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary: _____ Supervisor: _____

Department: _____

Duties: _____

FT ____ PT ____ No. of Hours _____

Reason for Leaving: _____

Employer: _____

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Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary: _____ Supervisor: _____

Department: _____

Duties: _____

FT ____ PT ____ No. of Hours _____

Reason for Leaving: _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes ____ No ____

If yes, explain:

REFERENCES:

PROFESSIONAL

PERSONAL

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (_____) _____

Phone: (_____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

As a condition of employment, I understand that the company requires the successful completion of a urinalysis for drug testing purposes and I hereby agree and consent to this test. Though a negative drug test result must be received before a final offer of employment is considered, it does not guarantee that a final offer of employment will be made.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that in connection with my application for employment or employment with United Sprinkler, consumer reports or investigative consumer reports, which may contain public record information, may be requested or made on me, including my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal (*see end of paragraph) and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics or mode of living, and trustworthiness. These reports will/may include both experience and performance along with reasons for termination of past employment.

* If a criminal history record is needed you can request this information, at your expense, and bring it to us or we can request it, at our expense, for you. If we request it for you, the applicant or the employee, will need to come in to complete an additional form. This form authorizes the applicable agency to directly release this information to United Sprinkler. You must give your consent in writing, under oath and your signature must be notarized. We have a Notary Public on staff that you are welcome to use in completing this form.

I hereby authorize and consent to United Sprinkler's procurement of consumer and/or investigative consumer reports and the verification of same for use in making employment decisions. I further authorize ongoing procurement of the above mentioned reports at any time during my employment with United Sprinkler.

I understand that, pursuant to the federal Fair Credit Reporting Act, United Sprinkler will notify me if it uses such a report in making an adverse decision regarding my fitness for employment with the Company. I further understand that if such report is used to make an adverse employment decision, United Sprinkler will provide me a copy of the Summary of Rights under FCRA along with the name, address, and telephone number of the consumer reporting agency that furnished the report, along with a statement that the consumer reporting agency did not make the decision to take the adverse action and is unable to provide me with the specific reasons why the adverse action was taken. I further understand that I have the right to obtain a free copy of my consumer report from the consumer reporting agency that provided the report to United Sprinkler, so long as my request is made within 60 days of the Company's notification that an adverse employment decision has been made. I further understand that I have the right to dispute the accuracy or completeness of any information contained in the consumer report directly with the consumer reporting agency.

I hereby release the consumer reporting agency, United Sprinkler, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring, selling, providing, brokering, verifying the accuracy of, and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

I understand that should an employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Name As It Appears on Drivers License: _____

Drivers License Number: _____ State Issued: _____

Signature of Applicant: _____

Date: _____