

Employment Application

Branch _____

Each person working at PDI is a valued Employee. All PDI Employees are expected to have a positive attitude and to take pride in their work. All PDI Employees take responsibility for their work and demonstrate teamwork with fellow Employees.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

PLEASE PRINT

Date of Application _____

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

Drivers License No. _____ Class _____

STATEMENT & AUTHORITY TO RELEASE INFORMATION
PLEASE READ THIS STATEMENT CAREFULLY
BEFORE YOU COMPLETE THIS APPLICATION

I understand that if I am employed, any misrepresentation or omission of material fact on this application is sufficient cause for dismissal. My continued employment will depend on the successful performance of work assigned to me during a new hire period of 90 days and upon the continued successful performance and the further need of my continued employment with PDI. Notwithstanding the foregoing, I understand that my employment will be at will, meaning that either the company or I may terminate the employment relationship at any time for any reason, unless prohibited by federal, state, or local law. The company, in considering my application for employment, may verify the information set forth in this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and doctors to supply any requested information concerning my background. Provided state law permits, I further agree to submit to alcohol and/or drug screening tests and polygraph examinations, where and whenever legal, if requested of me at any time prior to or during my employment.

Signature _____

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

If Yes, Please explain _____

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Position(s) Applied for _____

Referral _____ PDI Employee Yes No

Are you known to schools/references by any other name? Yes No

If Yes, by what name _____

Have you ever submitted an application, or been employed here before? Yes No

If Yes, What date(s) _____

Do any of your friends or relatives work here? Yes No

If yes, list name(s) _____

What is your desired Salary range or Hourly rate of pay? \$ _____ per _____

Are you legally authorized to work in the United States?
(Proof of work authorization will be required upon employment) Yes No

Are you 18 years of age or older? Yes No
(If under 18, applicant will be required to submit a birth certificate or a work certificate as required by state or federal laws)

In case of Emergency, please notify _____
Name Address Phone

Have you ever been convicted of a felony or incarcerated in a penal institution? Yes No
(Conviction will not necessarily disqualify an applicant from employment)

If yes, explain _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you on lay-off and subject to recall? Yes No

Are you available to work: Full Time Part Time On Shifts

On what date would you be available to work? _____

What Foreign Languages do you speak? _____

Have you been bonded? Yes No

Have you ever had any job related training relevant to the position(s) for which you applying? Yes No
If yes, please explain _____

List trade or professional organizations of which you are a member, including offices held:
 (You may exclude memberships which indicate race, color, religion, sex, national origin, age, ancestry, disability or other protected status)

Give name, address and phone number of three references not related to you who are not previous employers:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Education

	High School	College/University	Graduate/Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Specialized Training, Apprenticeship, Skills & Extra Curricular Activities			

Employment Experience

(List each job held. Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, ancestry, disability, or other protected status.)

Employer	Dates From To	Work Performed (Give Complete Details)
Address		
Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		

Employer	Dates From To	Work Performed (Give Complete Details)
Address		
Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
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Address		
Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving		

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APPLICANT STATEMENT

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

I expressly authorize, without reservation, PDI, 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 and any resumé or job interview. I hereby waive any and all rights, release any and all claims I may have against, and otherwise hold harmless the employer, its agents, employees or representatives, for seeking, gathering and using such information, in a lawful manner, in the employment process. I furthermore expressly authorize all references (personal and professional), employers, public agencies, licensing authorities and educational institutions to, upon request, provide truthful information regarding me for use in the employment process, and hereby waive any and all rights and release any and all claims I may have regarding their provision of this information.

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

I understand that this application remains current for only 6 months. 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 or prohibited by law. This application does not constitute an agreement or contract for employment for any specified period or 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 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.

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 eliminate me from further consideration for employment, or 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 terms of the foregoing Applicant Statement.

Print Name _____
Signature of Applicant _____

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**CONSENT TO DRUG AND ALCOHOL
TESTING AND RELEASE OF ALL CLAIMS**

I, _____, authorize Plumbing Distributors, Inc. to have me tested by blood, urine, or other things for the presence of alcohol, drugs, or related or similar substances in accordance with the Company's Substance Abuse Policy. I further authorize and consent to the related exchange of test-related information and results, including substances present, concentration levels, and facts explaining or elaborating on the results, between or among the Company's Human Resources Department, my Manager, the Company's insurance carrier, and the testing organization(s), as well as the release of test-related information to the State Unemployment Compensation Commission, Worker's Compensation Commission or other governmental agency investigating my employment or termination or as required by law. I also agree to cooperate fully by taking or authorizing and consenting to all actions they deem necessary to facilitate this testing.

I understand that the testing results might prove unfavorable to me and may affect my employment opportunities at or continued employment with PDI.

I hereby waive, release, discharge, and covenant not to sue with respect to any and all claims, liability, demands, remedies, actions, and causes of action against, and agree to hold harmless, PDI and all persons or entities associated with it arising out of, resulting from, or connected in any way to this testing and related exchanges of information or communications. My agreement shall also bind my representatives, heirs, executors, administrators, successors, and assigns.

I understand that this agreement is not a contract for employment, and that it in no way limits my right or the Company's right to terminate employment at any time for any reason. I further understand that this authorization and consent shall remain in effect throughout my employment with PDI.

I have read the above in its entirety and sign this authorization and consent freely and voluntarily.

Employee / Applicant Signature

Date

PLUMBING DISTRIBUTORS, INC.

Date

PDI's employees are committed to maintaining the core values of PDI. These primary values are Integrity, Loyalty, Accountability, Commitment, Teamwork, and Flexibility. If you agree to maintain these core values should you become an employee with PDI, please continue the employment process by filing out the background release form.

PERMISSION AND RELEASE FORM FOR A BACKGROUND INVESTIGATION

(Name)	First	Middle	Last	Maiden/Former Names	
(Current Address)	Number & Street		City / Town	State / Zip Code	How long at this address
(Previous Address)	Number & Street		City / Town	State / Zip Code	How long at this address
Date of Birth		Place of Birth		Social Security Number	
Drivers License State				Drivers License Number	

In connection with my application for and continued employment with Plumbing Distributors, Inc., I hereby authorize PDI and any authorized agent acting on its behalf to prepare an investigative report and an investigative consumer report on my background including, without limitation, a Social Security Trace through the Credit Bureaus for address verification. I hereby authorize, request and require any persons or institutions contacted to furnish, to any authorized agent of PDI, any information they have concerning any criminal records, motor vehicle records, my work history and achievements, education history and achievements, credit worthiness, credit standing and credit capacity, general reputation and character.

As an independent incentive to provide this information, I hereby release, forever discharge, and hold harmless each and every person or institution with respect to any and all claims of liability, in law or in equity, that may arise out of furnishing such information to any authorized agent of PDI.

I understand that I may, upon written request, be entitled to receive further information as to the nature, scope, and findings of such investigation. Any inquiries are to be directed to PDI's Human Resources Department.

My signature below indicates my understanding and acceptance of all the above terms and stipulations.

Signature _____
Date

[EMPLOYER USE ONLY]

Please check requested information:

MVR _____ Credit History _____
 Criminal History _____ State(s) _____ Employment Verification _____
 Other: Please List _____ Person to Contact _____
 Phone Number (_____) _____ Ext. _____

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CONSUMER REPORTS NOTIFICATION

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer-reporting agency, other agency, or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private record sources or through personal interviews with your neighbors, friends, associates or educational facility.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Completion of Information Below is Voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. Please be advised that this survey is not part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position(s) applied for _____ Date _____

Referral Source

- Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement – Source _____ Other _____

Name of person who referred you (if applicable)

Applicant Information

Name _____ Telephone # (____) _____
Last First Middle

Address _____
Street City State Zip Code

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian / Alaskan Native Asian / Pacific Islander Multi-Racial (having parents of different races)

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