DS Pipe and Steel Supply, LLC 1301 Wicomico Street Baltimore, MD 21230 410-539-8000

Maryland

#### Application for Employment

#### Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, religion, color, sex (including pregnancy), age, ancestry or national origin, disability, marital status, sexual orientation, gender identity, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name:		Applicant ID #:
Address:		
Telephone #:	Cell/Other Phone:	E-mail:
Position(s) applied for:		Date of application:
Referral Source (e.g., Walk-in, Job Posti	ng, Company's Website, etc.):	
If necessary, best time to call you	is:	
May we contact you at work? Ye If yes, work number and best time		
If you are under 18 and it is require	red, can you furnish a work pe	ermit? Yes No
If no, please explain:		
Have you submitted an applicatio	n here before? Yes No	
If yes, give date(s) and position(s	):	
Have you ever been employed he	ere before? Yes No	]
If yes, give date(s) and position(s	):	

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No If yes, additional information may be requested.

Are you lawfully authorized to work in the United States?

Date available for work:

What is your desired salary range or hourly rate of pay? \$ per
Type of employment desired: Full-Time Part-Time Educational Co-Op Seasonal Temporary
Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No
If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No
Will you work overtime if required? Yes No
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 No 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
Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? NOTE: Answering "yes" to this 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. You are not obligated to disclose expunged charges.
Yes No If yes, please provide 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:

# **Employment History**

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

Employer:	
Telephone #:	
Street Address:	
Dates Employed:	to
Starting job title/final job title:	
Compensation (Starting): Hourly Salary \$ Commission/ Bonus/ Other Compensation \$	per
Compensation (Final): Hourly Salary \$ Commission/ Bonus/ Other Compensation \$	per
Immediate supervisor and title (for most recent position I	neld):
May we contact for reference? Yes No E:mail	:
Why did you leave?	
Summarize the type of work performed and job responsi	bilities.
What did you like most about your position?	2
What were the things you liked Least about the position?	2
Employer:	
Telephone #:	
Street Address:	
Dates Employed:	to
Starting job title/final job title:	

Compensation (Starting): Hourly Salary \$ Commission/ Bonus/ Other Compensation \$	per
Compensation (Final): Hourly Salary \$ Commission/ Bonus/ Other Compensation \$	per
Immediate supervisor and title (for most recent position held):	
May we contact for reference? Yes No E:mail:	
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked Least about the position?	
Employer:	
Telephone #:	
Street Address:	
Dates Employed: to	
Starting job title/final job title:	
Compensation (Starting): Hourly Salary \$ Commission/ Bonus/ Other Compensation \$	per
Compensation (Final): Hourly Salary \$ Commission/ Bonus/ Other Compensation \$	per
Immediate supervisor and title (for most recent position held):	
May we contact for reference? Yes No E:mail:	
Why did you leave?	
Summarize the type of work performed and job responsibilities.	

What did you like most about your position?

What were the things you liked Least about the position?

Employer:		
Telephone #:		
Street Address:		
Dates Employed:	to	
Starting job title/final job title:		
Compensation (Starting): Hourly Salary Salary Commission/ Bonus/ Other Compensation	5	per
Compensation (Final): Hourly Salary \$ Commission/ Bonus/ Other Compensation	5	per
Immediate supervisor and title (for most recent position	on held):	
May we contact for reference? Yes No E:n	nail:	
Why did you leave?		
Summarize the type of work performed and job respo	onsibilities	
What did you like most about your position?		
What were the things you liked Least about the positi	on?	

## **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 of	ot a	sked	to r	esign from a job?
Yes		No		

If yes, please explain:

## Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

Word Processing:	Level:	Internet:	Level:
Spreadsheet:	Level:		
Presentation:	Level:		
E-mail:	Level:		

Other Technologies:

# Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of years completed	Completed	GPA Class Rank	Major/Minor
		Diploma GED Degree Certification Other		

#### References

List names and telephone numbers of three business/work references wha 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	Email	# of Years Known

### **Related Information**

When answering these questions, please exclude any information that would reveal race, religion, color, ex (including pregnancy), age, ancestry or national origin, disability, marital status, sexual orientation, gender identity, genetic information, or other similarly protected status.

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

List special accomplishments, publications, awards, etc.

List any relevant volunteer work.

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

#### **Applicant Statement**

I certify that all 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, resumé, 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 non-defamatory 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 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 60 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 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 1 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 reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employers affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

This Company 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 race, religion, color, sex (including pregnancy), age, ancestry or national origin, disability, marital status, sexual orientation, gender identity, genetic information, or any other protected status under applicable federal, state, or local law.

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 terms of the foregoing Applicant Statement.

Signature of Applicant :

Date:

©2016 ComplyRight, Inc. A2179\_MD

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.