

NICHOLAS CONSOLIDATED, INC.

SUBSIDIARY COMPANIES: CANYON PIPE & SUPPLY, INC. PHOENIX WHOLESALE, INC.
CORPORATE: 10779 N. SOLAR CANYON WAY, SURPRISE, AZ 85379

FOR OFFICE USE ONLY:

APPLICATION FOR EMPLOYMENT

The policy of Nicholas Consolidated and its subsidiaries is to provide equal employment opportunities to all applicants and employees without regard to race, color, religion, sex, age, national origin, disability, veteran status, or any other protected class status.

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE ANY OFFER OF EMPLOYMENT MAY BE CONSIDERED

TODAY'S DATE: _____

BRANCH: _____

PERSONAL INFORMATION

Name (last, first, middle)		Email	
Present address (Number, Street, Apartment no.)		Home Telephone	
(City, State, Zip)	How Long?	Cell Phone	
If less than 3 years Previous Address (Number, Street, City, State, Zip)		Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate other names used at any companies where you worked, or schools you attended, if different than above.			
Name		Company/school	
Name		Company/school	

EMPLOYMENT INTERESTS

Indicate position(s) applied for; add specialty where applicable		Date Available	Minimum Salary Acceptable
1.			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
2.		Are you willing to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time If Part-time, what days and hours can you work?	
Have you ever been employed by us in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which location?		When?
Name of Supervisor?	Position held:		Name used, if different:
How were you referred to Nicholas Consolidated?		List any friends or relatives working for us:	
<input type="checkbox"/> Newspaper, specify: _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Employee Referral, name: _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____		1. _____ 2. _____ 3. _____	

CRIMINAL RECORD CHECK

Have you ever been convicted of any crime? (A conviction includes a plea, verdict or finding of guilt, regardless of whether sentence is imposed by the court.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
Are you presently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently out on your own recognizance or a bail bond pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No
THE EXISTENCE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY ELIMINATE YOU FROM EMPLOYMENT CONSIDERATION		

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EDUCATIONAL HISTORY

HIGH SCHOOL

Name of School	City and State	Graduated?	Course or Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

COLLEGE OR UNIVERSITY (UNDERGRADUATE AND GRADUATE)

Name of School	City and State	Graduated?	Course or Major
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER SCHOOLING/VOCATION/TRAINING

Name of School	City and State	Graduated?	Course / Major / Certification
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL CERTIFICATIONS / LICENSES

Do you have a current professional certifications or licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate type	Date Issued	Expiration Date	State Issued
Are there any current restrictions on your certification/ license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:			

MILITARY SERVICE RECORD

Have you ever served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?	Dates of Duty: From: _____ To: _____	Rank at Discharge?
What were your duties in the Service? (include special training and duty station)			
Have you had any schooling under the G.I. Bill of Rights? If yes, please describe:			

PROFESSIONAL REFERENCES

Please provide the names of at least two professional references (NOT relatives) who may be contacted by us. All should have specific knowledge of your work skills and work experience.		
Name	Address	
Company/Job Title	Telephone number	How does this person know you?
Name	Address	
Company/Job Title	Telephone number	How does this person know you?
Name	Address	
Company/Job Title	Telephone number	How does this person know you?

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EMPLOYMENT/OTHER WORK HISTORY

Please account for a minimum of **FIVE YEARS** from the application date, including jobs, volunteer work, schooling, unemployment, self-employment, military service, etc. If you need additional space, please ask for additional pages. Explain all gaps of employment of 30 days or more. The information that you provide may be used (and your previous employers may be contacted) for the purpose of investigating your safety performance history information as required by the U.S. Department of Transportation's Federal Motor Carrier Safety Regulations § 391.23(d) and (e). You are entitled to due process rights as specified in the U.S. Department of Transportation's Federal Motor Carrier Safety Regulations § 291.23(i) regarding information received as a result of these investigations.

Employer name	Dates of Service (Mo/Yr) From: To:	Salary (Present/most recent) \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Employer Address City State Zip	Work Schedule <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Telephone Number / Extension
Name of Supervisor	Title of Supervisor	
Your Job Title	Reason for Leaving	
Your job responsibilities and duties		
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this job designated as a safety sensitive function in any Department of Transportation regulated mode subject to alcohol and controlled substances testing requirements as required by 49 C.F.R. part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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SKILLS PROFILE

List any mechanical/technical expertise and/or equipment you operate	List other skills you possess pertinent to this application
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APPLICANT STATEMENT

I understand that any offer of employment from Nicholas Consolidate, Inc. or any of its subsidiaries will be contingent upon the company's receipt of proof that I am legally authorized to work in the United States, a satisfactory report following my pre-employment drug test, a satisfactory report following a Fair Credit Reporting background check, and/or a satisfactory report following a criminal background check. I further understand that Nicholas Consolidated may verify the statements I have made regarding my academic background, employment history, and any criminal convictions that may be on my record. I give Nicholas Consolidated consent to conduct upon me a drug and/or alcohol test, a Fair Credit Reporting background check, and a criminal background check. I authorize my past employers, schools, and the persons named as references to give Nicholas Consolidated work-related information about me. I understand that all offers of employment will be contingent upon receipt of satisfactory verification of information. I understand that if I fail any pre-employment requirements, that I may reapply in 6 month.

I hereby certify all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Nicholas Consolidated is truthful and accurate. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment is found to be false, untruthful or misleading, that such will be cause for immediate rejection of my application for employment. I further understand that if I am hired as an employee and at any time thereafter it is discovered that any information provided by me on this employment application or any of the other information provided by me in the course of applying for employment at Nicholas Consolidated is found to be false, untruthful or misleading, I will be subject to immediate termination from employment.

I also understand that this employment application and any other company documents are not contracts of employment, and that if I am offered and accept employment, my employment will be employment "at will," which may be terminated by myself or by Nicholas Consolidated at any time with or without notice and with or without cause. I understand that any oral or written statements to the contrary are, hereby, expressly disavowed and should not be relied upon.

I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES AND INFORMATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature:	Date
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FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Interviewed by:	Date of Interview:	
Proceed to Hiring Process? <input type="checkbox"/> Yes <input type="checkbox"/> No – file application	Position hired for:	Proposed Rate of Pay:
Comments:		
Authorized Hiring Manager Signature:		Date:

FORWARD COMPLETED APPLICATION TO HUMAN RESOURCES

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APPLICATION FOR EMPLOYMENT – DRIVER ADDENDUM

If you are applying for a driver position, which requires operation of any motor vehicle, you must complete this addendum in its entirety in addition to the information required on the "Application for Employment".

This information is required for truck drivers only per the U.S. Department of Transportation's Federal Motor Carrier's Safety Regulations (391.21)

Name (Last, First, Middle)	Date of Birth	Social Security Number
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1. Have you lived at your current address for the past 3 years? Yes No If No, provide the following for the past 3 years.

Address	City	State	Dates To/From

2. Driver Information: List ALL unexpired Driver's License(s) or permit(s) issued to you.

License Number	State of Issue	Expiration Date	Endorsements

3. List the nature and extent of your experience in operating ALL types of Motor Vehicles (such as busses, trucks, truck tractors, semi-trailers, etc.)

4. List ALL Motor Vehicle accidents during the past 3 years.

Date of Accident	Nature of Accident	Type of Vehicle Driven	Injuries / Fatalities Yes or No

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5. Disclose ALL violations of Motor Vehicle laws or ordinance (other than parking violations) that you have been convicted of or forfeited bond or collateral on for the past three years up to and including today's date:

Date of Conviction	Offense/Charge	Type of Vehicle Driven	Location

6. Has any license, permit, or privilege to operate a motor vehicle been denied, revoked, or suspended? Yes No
If Yes, describe the situation below:

7. Please list each employer for whom you operated a Motor Vehicle during the 5 years prior to the 5 years covered on the "Application for Employment".

NOTE: This information may be used and your prior employer(s) may be contacted for the purpose of verifying driving and employment records.

Name of Employer	Address	Dates of Service	Reason for Leaving
		From: To:	
		From: To:	
		From: To:	
		From: To:	
		From: To:	
		From: To:	

Comments of Additional Information:

APPLICANT STATEMENT

I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES AND INFORMATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature	Date
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