

An Equal Opportunity Employer

**G. H. Nitzel, Inc.**  
**11300 Pulaski Hwy, White Marsh, MD 21162**  
**P.O. Box 43180, Baltimore, MD 21236**

**EMPLOYMENT APPLICATION**

In conformity with applicable local, state and federal laws, G. H. Nitzel, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, disability, or union membership.

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Number & Street City State Zip Code

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: DAY (\_\_\_\_) \_\_\_\_\_ EVENING (\_\_\_\_) \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ SUMMER \_\_\_\_\_

EXPECTED SALARY: \$ \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

HAVE YOU BEEN EMPLOYED BY G. H. NITZEL, INC. PREVIOUSLY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, LIST DATES, DEPARTMENT, AND TITLE \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH G. H. NITZEL, INC.?

YES \_\_\_\_\_ (DATE \_\_\_\_\_) NO \_\_\_\_\_

EDUCATION: (Only job related education will be considered)

<u>Name and Location of school</u>	<u>Circle Last Year Completed</u>	<u>Did you graduate?</u>	<u>Major Course Degree Received</u>
Elementary _____ _____	1 2 3 4 5 6 7 8		
High School _____ _____	9 10 11 12		
College _____ _____	1 2 3 4		
Trade/Business _____ _____	1 2 3 4		

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR RECEIVED A VERDICT OF ANYTHING OTHER THAN NOT GUILTY IN ANY CRIMINAL INVESTIGATION OR PROCEEDING?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, describe when the conviction occurred; the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment.)

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**PRIOR EMPLOYMENT:** (Give the following information for all present and previous employers, beginning with the most recent.)

Employer Name, Address, Phone #	Dates of Employment	Job Title	Pay Rate	Were you disciplined? (Warnings, Suspension, Discharge)	Reason for Leaving

IF YOU HAVE HAD DISCIPLINARY PROBLEMS WITH ANY PREVIOUS EMPLOYER, PLEASE DESCRIBE THE CIRCUMSTANCES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WERE YOU REFERRED TO OUR COMPANY BY ONE OF OUR CURRENT EMPLOYEES?  
 YES \_\_\_\_\_ (If yes, employees name \_\_\_\_\_) NO \_\_\_\_\_

**INFORMATION FOR APPLICANT**

(READ CAREFULLY BEFORE SIGNING)

1. This application is valid for only (7) day. If you have not been employed within (7) days of your application, you must re-apply.
  
2. By my signature below, I agree to the following:
  - a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by G. H. Nitzel, Inc. (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional who performs such an examination or who has other job-related information concerning my physical, mental or other medical status to release such information to G. H. Nitzel, Inc.
  
  - b. I understand that any false or misleading statements or omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
  
  - c. (FOR NON UNION EMPLOYERS) I understand that any employment I might be offered by G. H. Nitzel, Inc. is at-will and of indefinite duration, and that either I or G. H. Nitzel, Inc. can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by G. H. Nitzel, Inc. unless made in writing and signed by the President, George H. Nitzel, III of G. H. Nitzel, Inc. (if applicable) I understand that satisfactory completion of my provisional period will not change my status as an at-will employee.
  
  - d. I understand that none of G. H. Nitzel, Inc.'s practices or policies are to be construed as imposing any binding obligations on the company, and that they are subject to change or deletion at any time.
  
  - e. I hereby authorize G. H. Nitzel, Inc. to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied.

I have read this Employment Application and I fully understand its contents.

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Date

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Signature of Applicant

**APPLICANT CREDIT REPORT DISCLOSURE AND AUTHORIZATION**

As part of the application review process, our Firm may request a consumer reporting agency to provide it with a report of an applicant's credit history. The report will be used by our Firm's personal to determine your fitness for the position for which you have applied. If it is determined that the contents of this report must be disclosed due to an adverse action, a copy of the report and a description of your rights as prescribed by the Federal Trade Commission in 15 U.S.C.1681g C 3 will be provided to you.

I have read the foregoing disclosure, and authorize the Firm to obtain from a consumer reporting agency a credit report detailing my credit history.

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Date

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Name of Applicant (Printed)

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Signature of Applicant

**SEX, RACE AND ETHNIC GROUP IDENTIFICATION FORM**

DETACH FROM APPLICATION AND HAND IN SEPARATELY

DO NOT SIGN THIS FORM

The Federal Government requires that an employer maintain records on the race, sex and ethnic group of its applicants. In order to comply with these requirements, G. H. Nitzel, Inc. requests that you provide the information below. The information is for recordkeeping purposes only and will not in any way effect any decisions. This questionnaire will be kept separate from your application.

POSITION APPLIED FOR: \_\_\_\_\_

SEX: \_\_\_\_\_

RACE: \_\_\_\_\_

ETHNIC GROUP (Check if you are a member of one of the ethnic groups listed below)

American Indian (Including Alaskan Natives): \_\_\_\_\_

Asian (Including Pacific Islanders): \_\_\_\_\_

Hispanic: (Including persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture): \_\_\_\_\_

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**G. H. NITZEL, INC.**  
**PAYROLL INFORMATION**

EMPLOYEE'S NAME: \_\_\_\_\_

EMPLOYEE'S DATE OF BIRTH: \_\_\_\_\_

EMPLOYEE'S PHONE NUMBER: \_\_\_\_\_

EMPLOYEE'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

EXP DATE: \_\_\_\_\_

**IN CASE OF AN EMERGENCY CONTACT INFORMATION**

NAME OF CONTACT: \_\_\_\_\_

ADDRESS OF CONTACT: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**EMPLOYMENT APPLICATION SUPPLEMENT**

**(DO YOU HAVE EXPERIENCE WITH THE FOLLOWING?)**

STEAM	YES	NO
HIGH PRESSURE	YES	NO
LOW PRESSURE	YES	NO
MEDIUM PRESSURE	YES	NO
VICTAULIC PIPING	YES	NO
STEEL	YES	NO
COPPER	YES	NO
PRESS FIT	YES	NO
ACID WASTE	YES	NO
MEDICAL GAS	YES	NO
UNDERGROUND OIL TANKS	YES	NO
BOILERS	YES	NO
CAST IRON SOIL PIPE	YES	NO
GAS PIPING	YES	NO
DUCT TILE IRON	YES	NO

**DO YOU HAVE.....?**

HAND TOOLS	YES	NO
OWN TRANSPORTATION	YES	NO

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_