



**WHOLESALE PLUMBING, HEATING &
AIR CONDITIONING SUPPLIES**
5909-17 DITMAN STREET PHILADELPHIA, PA 19135
PHONE: 215-535-7068
FAX: 215-535-7363
WWW.NNSUPPLY.NET

**- Please provide a current photo
when submitting your application.**

**- If you drop off your application,
please note that we will take a
picture of you for our records.**

N&N Supply Company, Inc.

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT, COMPLETE IN FULL, AND DROP OFF, EMAIL OR FAX BACK. A RESUME IS ENCOURAGED, BUT THIS APPLICATION MUST ALSO BE INCLUDED)

Date of Application: _____

Position(s) Applying For: _____

Referral Source: Advertisement Friend Relative Walk-In

Employment Agency Social Media (Facebook, etc.) Other _____

Name _____

LAST

FIRST

MIDDLE

Address _____

NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone_ (____) _____ Social Security No. _____

Age ____ Driver's License # _____ Single Married Divorced Widowed

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever filled an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If Yes, give date _____

Do you smoke any tobacco products? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you able to work? Full Time Part-Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? No Yes

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain:

Are you a Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Indicate Languages you speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade business or civic activities and offices held.
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Please List One or more individual(s) as an Emergency Contact.

Name: _____ Phone: _____ Relation: _____

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

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color religion, gender, national origin, handicap or other protected status.

1. Employer _____ Telephone (____) _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____

2. Employer _____ Telephone (____) _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____

3. Employer _____ Telephone (____) _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____

4. Employer _____ Telephone (____) _____
Address _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed: From _____ To _____
Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Education

	Elementary	High School	College/University	Graduate
School Name				
Years Completed				
Diploma /Degree				
Describe course of study				
Describe Specialized Training Apprenticeship, Skills and extra curricular activities				

Honors Received: Any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

The application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond the time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands the neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personal Department Use Only

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE

This application For Employment and Applicant Data Record is sold for general use throughout the United States. Amsterdam printing and Litho corp., assumes no responsibility for the use of said form on any questions of which when asked by the employer of the job applicant, may violate State and/or Federal Law.

Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

The date is for periodic government reporting will be kept in a Confidential File separate from this Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____

LAST

FIRST

MIDDLE

Address _____

NUMBER

STREET

CITY

STATE

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Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check One:

Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual