



# PLUMBWERX PLUMBING

## PRE-EMPLOYMENT APPLICATION

Plumbwerx is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

### PERSONAL

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden (if any)

Present Address \_\_\_\_\_  
Number Street City State Zip

Telephone ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.?  YES  NO      Are you over 18 years of age?  YES  NO

Do you have a driver's license?  YES  NO      State \_\_\_\_\_ Number \_\_\_\_\_ Expire \_\_\_\_\_

Have you ever been convicted of a crime (excluding minor traffic violations) including DUI?  YES  NO

If yes, state the offense, location, date & disposition \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Who should we contact in case of an emergency? \_\_\_\_\_  
Name Number Relationship

Applicant Name:

### EMPLOYMENT DESIRED

Are you seeking  FULL-TIME  PART-TIME  TEMPORARY      Date available to start \_\_\_\_\_

Position applied for \_\_\_\_\_      Salary desired \$ \_\_\_\_\_

How did you hear about our company and/or position? \_\_\_\_\_

Have you ever applied with us before?  YES  NO      If yes, when \_\_\_\_\_

Are you now or do you expect to be involved in any other business or employment?  YES  NO

Days and hours you are willing to work?  Mon \_\_\_\_\_  Tue \_\_\_\_\_  Wed \_\_\_\_\_  Thu \_\_\_\_\_  
 Fri \_\_\_\_\_  Sat \_\_\_\_\_  Sun \_\_\_\_\_

Position Applied:



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### MILITARY

Have you ever served in the military?  YES  NO Service Branch \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

Were you separated from service with any degree of disability? If so, what degree \_\_\_\_\_

Are you a member of the Reserve Organization?  YES  NO

### HEALTH

Do you have a physical defect or illness that may limit your ability to perform the particular job for which you are applying?  
 YES  NO If yes, please describe \_\_\_\_\_

Date of last Physical exam \_\_\_\_\_ Results \_\_\_\_\_

Have you ever been injured on the job?  YES  NO If yes, please describe below:

Nature of Injury	Employer at time of Injury	Year Injured	Cause of Injury

Are you willing to take physical exam and urinary drug screen at our expense?  YES  NO

Days lost due to illness in the last two years \_\_\_\_\_ Reason \_\_\_\_\_

### EDUCATION

NAME, LOCATION OF SCHOOL	DATES	GRADUATE	COURSES
High School	From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College	From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bus. or Trade School	From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Professional School	From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you planning to further studies?  YES  NO If yes, when and what courses:  
 \_\_\_\_\_

List any scholastic honors, offices held and activities involved during high school or college:  
 \_\_\_\_\_

List and describe any other School or Specialized Training:  
 \_\_\_\_\_



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### Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. Account for all periods including military service or unemployment. If you were self-employed, give firms name and supply business references. **Attach additional sheets if necessary.**

Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed From:	Salary Starting \$
	Phone Number	To:	Salary Ending \$
Title	Reason for Leaving		
Duties			
May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed From:	Salary Starting \$
	Phone Number	To:	Salary Ending \$
Title	Reason for Leaving		
Duties			
May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed From:	Salary Starting \$
	Phone Number	To:	Salary Ending \$
Title	Reason for Leaving		
Duties			
May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed From:	Salary Starting \$
	Phone Number	To:	Salary Ending \$
Title	Reason for Leaving		
Duties			
May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			



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### Work Experience (Cont.)

Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed From:	Salary Starting \$
	Phone Number	To:	Salary Ending \$
Title	Reason for Leaving		
Duties			
May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed From:	Salary Starting \$
	Phone Number	To:	Salary Ending \$
Title	Reason for Leaving		
Duties			
May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### REFERENCES

Give three references, not relatives or former employers

NAME	ADDRESS	PHONE	OCCUPATION

### AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made without reservations and agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any further information regarding treatment rendered now or in the future. I further understand that the taking of a drug tests are a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter any written or verbal employment contract on behalf of Plumbwerx Plumbing without the express written consent of the President. I understand my employment is at will. I further understand that I will be given an "employee handbook" outlining the rules and regulations of Plumbwerx Plumbing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date