



*Plumbing, Heating, Cooling, Refrigeration
and Electrical Distributors*

**EMPLOYMENT APPLICATION
WE SUPPORT A DRUG FREE WORKPLACE
We are an EQUAL OPPORTUNITY EMPLOYER**

The company does not discriminate on the basis of age, sex, race or color, national origin, religion or handicap.

Last Name	First	Middle	Date
Street Address			Home Phone Alternate Phone
City, State, Zip			Email address
What was your previous address?			How long at present address? ____ Years How long at previous address? ____ Years
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month & Year ____/____ Location _____			Social Security No.
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
Other special training or skills (language, machine operation, etc.)			How did you learn of our organization?

School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training	Period of Active Duty (Month & Year) From _____ To _____
	Rank at Discharge
	Date of Final Discharge

EMPLOYMENT Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (Month & Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (Month & Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (Month & Year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
State Job Title and Describe your Work	Reason for Leaving

Are you a U.S. Citizen? Yes No

Are you 18 years of age or older? Yes No If not, state your age _____

Have you ever been bonded? Yes No If yes, with what employer? _____

REFERENCES

Name	Address	Business	Years Acquainted

Give names of Friends or Relatives working for our company.

AGREEMENT (Please read the following statement carefully)

I hereby affirm that the information provided on this application (accompanying resume) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize investigations of all statements contained in this application. I understand that misrepresentation or omission of facts called for, is cause for dismissal. Further, I understand that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

All offers of employment with the Company are contingent upon the candidate passing a drug screening test. The Company will specify the time and place of the drug test.

If the drug test is failed, you will be eligible to reapply for employment and re-testing after six months.

Please acknowledge your understanding and agreement to the statements above with your dated signature below.

Date: _____

Signature: _____