

Dallas Plumbing Company

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

DATE _____

NAME: _____

MAILING ADDRESS: _____
LAST FIRST MIDDLE
STREET CITY STATE ZIP

TELEPHONE #: _____ TRADE LICENSE #: _____ STATE: _____

Are you 18 years or older? . . . Yes No

APPLYING FOR POSITION AS: _____ DATE AVAILABLE: _____ SALARY EXPECTED: _____

How did you learn about the job for which you are applying? _____

Names of relatives in the Company _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No (Proof of U.S. Citizenship or I.N.S. Status is Required)

Have you ever been convicted of a felony? Yes No (Conviction does not automatically bar you from employment.)

If yes, explain: _____

Veteran of U.S. Armed Forces? Yes No If yes, Branch: _____

EMPLOYMENT HISTORY

List your last three (3) employers, assignments, or voluntary activities (at least 5 years), starting with the most recent, including military experience.

From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor/Title:		Nature of Work/Job Responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
Start:			
Finish:			
From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor/Title:		Nature of Work/Job Responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
Start:			
Finish:			
From:	To:	Employer:	Phone:
Job Title:		Address:	
Supervisor/Title:		Nature of Work/Job Responsibilities:	
Hourly Rate/Salary:		Reason for Leaving:	
Start:			
Finish:			

EDUCATIONAL BACKGROUND

SCHOOL NAME / LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		Major	Degree	
High School:				
College:				
Trade/Technical School				

REFERENCES

Give the names of four persons not related to you, whom you have known at least one year.

Name & Address	Telephone #	Years Known
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	()	
	()	
	()	

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes No If yes, please describe: _____

Are you willing to take a physical exam (at our expense)? Yes No

Do you smoke? Yes No Drink alcoholic beverages? Yes No

Days absent from work in the last year? _____

In Case of Emergency Notify: _____
NAME ADDRESS PHONE #

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Employer's service if I have been employed. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information. The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant

Date

DO NOT WRITE HERE
Interviewer's comments: _____
Recommendations: _____

