Consistent with the requirements of the American with Disability Act (ADA), applicants may request accommodations needed to participate in the application process.

Dallas Plumbing Company APPLICATION FOR EMPLOYMENT

PLEASE PRI	NT		DATE					
NAME:	LAST							
ADDRESS	LAST :		FIRST	MIDDLE				
ADDRESS:STREET TELEPHONE #:		CITY TRADE LICENSE #:	STATE ZIPSTATE:					
Are you 18 ye	ears or older?	Yes □ No □						
APPLYING F	OR POSITION	AS:	DATE AVAILABLE:	SALARY EXPECTED:				
How did you I	earn about the	job for which you are ap	plying?					
Names of rela	atives in the Co	ompany						
Are you legall Have you eve If yes, explain	ly eligible for ear er been convict n:	ed of a felony? Yes 🗆	No □ /? Yes □ No □ (Proof of U.S. Citizens No □ (Conviction does not automatically yes, Branch:	bar you from employment)				
EMPLOYMI	ENT HISTOR t three (3) en	Y	, or voluntary activities (at least 5 year		includir			
From:	То:	Employer:		Phone:				
Job Title:		Address:						
Supervisor/	Γitle:	Nature of Work/Je	ob Responsibilities:					
Hourly Rate/Salary: Start: Finish:		Reason for Leavi	ng:					
From:	To:	Employer:		Phone:				
Job Title:	1	Address:			_			
Supervisor/Title:		Nature of Work/Job Responsibilities:						
Hourly Rate/Salary: Start: Finish:		Reason for Leaving:						
From:	To:	Employer:		Phone:				
Job Title:		Address:	Address:					
Supervisor/Title:		Nature of Work/Job Responsibilities:						
Hourly Rate/Salary: Start:		Reason for Leaving:						

Name & Address Telephone # Years Known	SCHOOL NAME /	YEARS	DID YOU ED GRADUATE?		COURSE OF
College: Major Degree Major Degree		COMPLETED			STUDY
REFERENCES Sive the names of four persons not related to you, whom you have known at least one year Name & Address Telephone # Years Known () () () () () () () (iigh School				
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Name & Address Telephone # Years Known () () () () () () () () () () () () () () () () () ()	rade/Technical School				
() () () () () () () ()	REFERENCES				
() () () () () () () ()		ated to you, whom you		The state of the s	
Co you have any physical limitations that preclude you from performing any work for which you are being considered? Are you willing to take a physical exam (at our expense)? Yes No Days absent from work in the last year? NAME RELATION PHONE # It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancell of this application and/or separation from the Employer's service if I have been employed. I give the Employer the right nivestigate 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 urnishing 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 consider or employment on a basis prohibited by local, state, or federal law. This application is representative for the Employer and still wish to be considered for employment, it will be recessary to fill out a new application. I understand that just as I am free to resign at any time, the Employer reserves to light to terminate my employment at any time, with or without cause and without prior notice. I understand that no epresentative of the Employer has the authority to make any assurances to the contrary. By completing and submitting this application for employment, I understand and agree that Dallas Plumbing Company (to Company)*, has a Dispute Resolution Plan, which is incorporated by reference in this application. I This plan is the required exclusive way for applicants, Employees and the Company to resolve any or any and all disputes. I agree to resolve any every the application. The plan is the required exclusive way for applicants, Employees and the Company to resolve any any and all disputes. I agree to resolve any every the proper security of the Comp	Name & Address		l ele	phone #	Years Known
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Interviewer's comments:

Recommendations:_ APPLICATION FORMS

PRE-EMPLOYMENT DRUG TEST & PHYSICAL CONSENT FORM

a pre-employment drug test and physical at Dallas Plumbing Company and I hereby release my pre-employment drug test and Plumbing Company.	nd I hereby authorize Occumed to		
Signature	Date		

MOTOR VEHICLE RECORDS (MVR) CONSENT FORM

l,			, give Dallas
	f employment. I u		tor vehicle records these records will be
Signature		yr at a thanna hawana	Date
Name	e e e e e e e e e e e e e e e e e e e	100 - 11 - 11 - 11	_
Address			
City	State	Zip	
Phone Number	(including area cod	de)	_
Date of Birth (m	onth-day-year)		= a
Drivers License	Number (specify s	tate if not Tex	- as)

E:MVR