

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 PRINT

DATE _____

NAME: _____

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

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
	()	
	()	
	()	
	()	

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

Days absent from work in the last year? _____

In Case of Emergency Notify: _____
NAME RELATION 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.

By completing and submitting this application for employment, I understand and agree that Dallas Plumbing Company (the "Company"), has a Dispute Resolution Plan, which is incorporated by reference in this application. This plan is the required and exclusive way for applicants, Employees and the Company to resolve any and all disputes. I agree to resolve any dispute between the Company and me arising out of this application or, if the Company hires me, out of my employment, through the Dispute Resolution Plan, which includes binding arbitration as a final step.

Signature of Applicant_____
Date

DO NOT WRITE HERE

Interviewer's comments: _____

Recommendations: _____

APPLICATION FORMS

**PRE-EMPLOYMENT DRUG TEST & PHYSICAL
CONSENT FORM**

I, _____, understand that a pre-employment drug test and physical is required for employment at Dallas Plumbing Company and I hereby authorize Occumed to release my pre-employment drug test and physical results to Dallas Plumbing Company.

Signature

Date

MOTOR VEHICLE RECORDS (MVR) CONSENT FORM

I, _____, give Dallas Plumbing Company permission to review my motor vehicle records as a condition of employment. I understand that these records will be reviewed annually.

Signature

Date

Name

Address

City

State

Zip

Phone Number (including area code)

Date of Birth (month-day-year)

Drivers License Number (specify state if not Texas)