



An Equal Opportunity Employer

## Application for Employment

Please type or print legibly in ink. Please use extra pages as necessary in order to answer fully and completely.

Position Desired: \_\_\_\_\_

Date: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
 (Print) Last First Middle

Current Address: \_\_\_\_\_  
 Street and Number City State Zip

Are you 18 years of age or older? [ ] Yes [ ] No If hired, when are you available to start work? \_\_\_\_\_

This position may require overtime work; are you available? Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes  No

Have you ever worked for this Company before? Yes  No  If yes, please give dates and position(s) held: \_\_\_\_\_

### EDUCATION

School Name Address and City	Years Completed (Circle)	Diploma/Degree/Certificate Awarded	Describe course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

### RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your last four employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service. Use additional pages if needed to provide complete information.

Present or Last Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			

City, State, Zip Code		Name and Title of Last Supervisor
Telephone		Reason for Leaving
Previous Employer	<b>Employed</b>	Your Title or Position and Job Duties
	From: (mo/yr)      To (mo/yr)	
Address		
City, State, Zip Code		Name and Title of Last Supervisor
Telephone		Reason for Leaving
Previous Employer	<b>Employed</b>	Your Title or Position and Job Duties
	From: (mo/yr)      To (mo/yr)	
Address		
City, State, Zip Code		Name and Title of Last Supervisor
Telephone		Reason for Leaving
Previous Employer	<b>Employed</b>	Your Title or Position and Job Duties
	From: (mo/yr)      To (mo/yr)	
Address		
City, State, Zip Code		Name and Title of Last Supervisor
Telephone		Reason for Leaving

May we contact your current employer? Yes  No  If No, please explain: \_\_\_\_\_

**PREVIOUS EXPERIENCE**

**Please use the additional sheet of paper located on the last page, if needed for the following:**  
Please indicate any actual experience, special skills (including language skills), or training that you feel is relevant to the position for which you are applying: \_\_\_\_\_

Please list any professional attainments, professional society memberships, honors, awards, patents (granted and pending) and licenses that you feel are relevant to the position for which you are applying: \_\_\_\_\_

Are you able to perform the essential functions of the job? Yes  No

**Please read carefully, initial each paragraph and sign below.**

I certify that the information provided herein is correct to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or discharge. I authorize the references and contacts I have provided to provide you with any and all relevant information, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing the same to you. In consideration of my employment, I agree to conform to the rules and regulations set forth by Advanced Plumbing.

\_\_\_\_\_ (Initial)

I understand that each employee of Advanced Plumbing is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to

