



**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 | | | Phone Number () |
| City, State, Zip | | | Email: |
| 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? () Yes () No If yes: Month & Year ____/____ Location _____ | | | Position Desired: |
| Apart from absence for religious observance, are you available for full time work? () Yes () No If not, what hours can you work? _____ | | | Will you work overtime if asked? () Yes () No |
| Are you legally eligible for employment in the United States? () Yes () 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 | | | | () Yes () No | |
| High | | | | () Yes () No | |
| Elementary | | | | () Yes () No | |
| Other | | | | () Yes () 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 | |
| State Job Title and Describe your Work | Reason for Leaving |
| Company Name | Telephone () - |
| Address | Employed (Month & Year) From To |
| Name of Supervisor | |
| State Job Title and Describe your Work | Reason for Leaving |
| Company Name | Telephone () - |
| Address | Employed (Month & Year) From To |
| Name of Supervisor | |
| State Job Title and Describe your Work | Reason for Leaving |

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 | Phone Number | 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: _____