



PLUMBING COMPANY, INC.
SINCE 1955

Application for Employment

Date: _____ Position Applied For: _____

Full Name: _____
(Last) (First) (Middle)

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Date available to start: _____ Type of employment desired: Full-time Part-time Temporary

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

How were you referred to us? _____

Howard F. Kane Plumbing Company, Inc. is an equal opportunity employer. We will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected classification applicable under the law of the particular state in which you are applying for employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Section A – INSTRUCTIONS TO APPLICANT

1. Please fully and accurately complete the Application for Employment. Incomplete applications will not be considered.
2. This Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.
3. Resumes will not be accepted in lieu of completed applications, but will be considered supplemental information.

Section B – GENERAL INFORMATION

Have you filed an application with this company before? Yes No

If **yes**, note when and for what title: _____

Have you ever been employed by this company before? Yes No

If **yes**, note when and what title: _____

Names of friends or relatives who presently work for this company: _____

Can you submit proof of legal employment authorization in the United States and proof of identity? Yes No

If you are under 18, can you furnish a work permit? Yes No N/A

Do you have any objection to working overtime, if necessary? Yes No

If **yes**, please explain: _____

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

Are you able to meet the attendance requirements for the position? Yes No

Please list any commitments that could influence your workschedule: _____

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether the accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job "essential functions" to respond

If you are hired or transferred into a position that requires the operation of a vehicle, we will require a Dept. of Motor Vehicles (DMV) investigation. Do you have a current, valid driver's license? Yes No

Driver's license number: _____ State Licensed: _____

Any known restrictions on your driver's license? Yes No
If *yes*, explain*: _____

Have you been convicted of any violation of the law other than minor traffic violations in the last seven years?

Yes No

If *yes*, give dates and details * _____

** Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

Have you served in the military? Yes No Branch: _____ Rank: _____

Served from _____ to _____

Summarize any special military skills or training: _____

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might in any way, restrict your ability to work for our company? Yes No

If *yes*, please explain: _____

List any foreign language(s) you speak: _____

Social Security Number SS# _____ - _____ - _____

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Section C – EDUCATION

1. **Starting with your most recent school attended**, give record of all high schools, colleges, universities, and special schools you have attended:

Name & Location Of School	Course of Study	Years Completed	Degree or Diploma	GPA

2. List any special licenses or certifications you have that are related to the job for which you are applying:

3. Summarize your special skills or qualifications:

Section D – WORK EXPERIENCE

Please fill out the application completely, beginning with your current or most recent employment. Attach additional sheets as needed.

Dates of Employment: From ___/___/___ to: ___/___/___
Position(s) held: _____
Company Name: _____
Phone: _____ Supervisor's Name: _____
Responsibilities: _____

Starting Salary and title: _____
Ending Salary and title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ to: ___/___/___
Position(s) held: _____
Company Name: _____
Phone: _____ Supervisor's Name: _____
Responsibilities: _____

Starting Salary and title: _____
Ending Salary and title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ to: ___/___/___
Position(s) held: _____
Company Name: _____
Phone: _____ Supervisor's Name: _____
Responsibilities: _____

Starting Salary and title: _____
Ending Salary and title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Dates of Employment: From ___/___/___ to: ___/___/___
Position(s) held: _____
Company Name: _____
Phone: _____ Supervisor's Name: _____
Responsibilities: _____

Starting Salary and title: _____
Ending Salary and title: _____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No

Section E – References

Please list three reference below that we may contact who are familiar with your work performance. Use **personal references (not relatives), only if you have no employment history.**

Name	Address	Phone Number	Type of Reference	Years Known
			<input type="checkbox"/> Business Reference <input type="checkbox"/> Personal Reference	
			<input type="checkbox"/> Business Reference <input type="checkbox"/> Personal Reference	
			<input type="checkbox"/> Business Reference <input type="checkbox"/> Personal Reference	

Section F - SIGNATURES

I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made by me in this application or interview(s) may result in cancellation of this application or immediate termination of employment if I am employed.

I hereby authorize potential employer to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also am aware that the company may procure a consumer report on myself as part of the process of considering candidacy as an employee. I also hereby release from liability potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. Pursuant to the Fair Credit and Reporting Act (FCRA), I understand that I have a right to make a written request, within a reasonable time, for additional information on the nature of such report, and for the disclosure of the nature and scope of any investigation.

The consumer report will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado, 80524. 800-367-5933

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, I understand that if employed, my employment will be at will, and that either the employer or I may terminate the employment at any time with or without prior notice and with or without cause, so long as there is no violation of applicable federal or state law.

If I become employed, I will conduct the company's business and perform the duties of my position in a strictly ethical and professional manner. I represent that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant: _____ Date: _____

I understand that this company maintains a drug-free workplace, that maintenance of a drug-free workplace is essential to the safety of the workplace and employees, and that I may be required to undergo a pre-employment medical examination, including, but not limited to, drug and/or alcohol screening and pre-employment physical testing designed to ascertain my suitability for employment and/or the job(s) for which I am being considered. I also understand, and specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, the company shall be the sole judge of acceptability of any test results.

Signature of Applicant: _____ Date: _____