

PELTRAM PLUMBING, LLC.

Mechanical Contractors

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer—All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status or any other characteristic protected by law.

PERSONAL INFORMATION

DATE: _____ PLUMBER PERMIT NUMBER/EXP DATE: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ E-MAIL ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN THE U.S.? YES NO (PROOF OF IDENTITY & ELIBILITY WILL BE REQUIRED UPON EMPLOYMENT)

ARE YOU AT LEAST 18 YEARS OR OLDER? (IF NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK) YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO IF YES, PLEASE LIST DATES: _____

REFERRAL SOURCE:

HOW DID YOU HEAR ABOUT US? WALK IN ON LINE AD REFERRED BY: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE CONTACT THEM? YES NO

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED DEGREE(S) RECEIVED
HIGH SCHOOL			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	
TRADE/BUSINESS SCHOOL			<input type="checkbox"/> YES	
			<input type="checkbox"/> NO	

GENERALSPECIAL SKILLS

OTHER ACTIVITIES (CIVIC, ATHLETIC, ETC.)

EMPLOYMENT HISTORY INCLUDE YOUR LAST SEVEN (7) YEARS OF EMPLOYMENT HISTORY. PLEASE INCLUDE PERIODS OF UNEMPLOYMENT. START WITH YOUR MOST RECENT EMPLOYMENT AND WORK BACKWARDS IN TIME. ***INCOMPLETE INFORMATION COULD DISQUALIFY YOU FROM FURTHER CONSIDERATION.***

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST THREE YEARS.

	NAME	PHONE NUMBER	RELATIONSHIP TO YOU	YEARS KNOWN
1				
2				
3				

AUTHORIZATION – PLEASE READ CAREFULLY BEFORE SIGNING

I AUTHORIZE INVESTIGATION ON ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OF INFORMATION REQUESTED IS CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE DISMISSAL. FURTHER, I UNDERSTAND AND AGREE 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 CAUSE AND WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE

DATE

IN CASE OF
EMERGENCY NOTIFY

NAME

RELATION

ADDRESS

PHONE NO.
