

APPLICATION FOR EMPLOYMENT



Since 1932
Plumbing • Heating • Cooling
243 San Anselmo Avenue
San Anselmo, CA 64960
800.835.1332

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application		
_____	_____		
_____	_____		
_____	_____		
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Web Site	

Last Name	First Name	Middle Name		
_____	_____	_____		
Street Address	Apartment Number	City	State	Zip Code
_____	_____	_____	_____	_____
Telephone Number(s)	Social Security Number			
_____	____ - ____ - _____			

____ : ____ ^{AM}/_{PM} is the best time to contact you at home.

Yes No If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Have you ever filed an application with us before?
If Yes, give date _____

Yes No Have you ever been employed with us before?
If yes, give date _____

Yes No Do any of your friends or relatives, other than spouse, work here?
If yes, state name, relationship and location _____

Yes No Are you currently employed?

Yes No May we contact your present employer?

Yes No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoon Evenings)
 Temporary (Please indicate dates available ____/____/____ - ____/____/____)

Yes No Are you currently on "lay-off" status and subject to recall?

Yes No Can you travel if a job requires it?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Beginning	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Beginning	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Beginning	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Beginning	Final	
Supervisor			
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal <input type="checkbox"/> PC/MAC <input type="checkbox"/> Typewriter WPM _____	<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand WPM _____	Production/Mobile Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
State any additional information you feel may be helpful to us in considering your application _____ _____ _____ _____			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH CH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date