

PREMIER PLUMBING & PIPING, INC.

APPLICATION FOR EMPLOYMENT

(Please use blue or black ink)

DATE _____

APPLICANT'S NAME (First Middle Last): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DRIVERS LICENSE # _____ STATE _____ EXP _____

*The following questions are for auto insurance purposes, and must be answered on an auto insurance questionnaire, should you become a driver for our company. *

			Date	Circumstance
1. Is your current drivers license valid? Yes _____ No _____				
2. Has your drivers license been revoked or suspended in the last 5 years? -----Yes _____ No _____				
3. Have you been charged with reckless driving, speeding, red light, stop sign or any other moving violation in the past 5 years? -----Yes _____ No _____				
4. Have you been charged with a DUI or DWI in the past 5 years? -----Yes _____ No _____				
5. Have you been involved in an auto Accident in the past 5 years? -----Yes _____ No _____				

EDUCATION AND TRAINING:

High School Completed- (Please circle one) 9 10 11 12 GED

College: _____

Skilled Training: _____

*Do you currently have a Plumbing card? Yes _____ No _____ State Issued _____ Exp _____

(Circle One) Apprentice Plumber - Journeyman Plumber - Master Plumber -
Journeyman Gas Fitter - Master Gas Fitter

PRIOR EMPLOYMENT:

Please list your last three places of employment, beginning with the most recent.

<u>Comp. Name</u>	<u>Contact</u>	<u>Phone</u>	<u>Dates of Service</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Can Premier Plumbing contact your former Employers' for a reference? Yes _____ No _____

If no, please explain. _____

***All new employees to Premier Plumbing & Piping, Inc. are subject to a background check, and drug test. Anyone found to have misrepresented him or herself on the employee application, or that fails the drug test, will be at risk of termination.**

Will you be willing to take the mandatory, random drug test? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain.

Have you ever been arrested for any reason or charged with a drug related offense? Yes _____ No _____

If yes, please explain.

IS THERE ANY REASON THAT YOU COULD NOT BE AT WORK EACH DAY, ON TIME, AND FOR THE FULL PERIOD OF WORK?

YES _____ NO _____

If yes, please explain.

DESCRIBE ANY EXPERIENCE THAT QUALIFIES YOU FOR THIS JOB.

PROVIDE ANY REFERENCES (IF DIFFERENT THAN YOUR PAST 3 EMPLOYERS) WHO CAN VERIFY YOUR ABILITY TO DO THE JOB AS DESCRIBED IN THE JOB DESCRIPTION:

Signature

Date