

# 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		
_____			- -		

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