



PLUMBING & MECHANICAL INC

# EMPLOYMENT APPLICATION

## APPLICANT INFORMATION

LAST NAME		FIRST NAME		M. I.	DATE
STREET ADDRESS					APARTMENT / UNIT #
CITY			STATE	ZIP	
PHONE NUMBER		EMAIL ADDRESS		SOCIAL SECURITY NUMBER	
DATE AVAILABLE TO START		DESIRED SALARY		POSITION APPLYING FOR	
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO  If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you worked with this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO  If so, When?		Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, please explain	

## EDUCATION

HIGH SCHOOL			ADDRESS		
FROM	TO	GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N	MAJOR	DEGREE	
COLLEGE			ADDRESS		
FROM	TO	GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N	MAJOR	DEGREE	
OTHER			ADDRESS		
FROM	TO	GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N	MAJOR	DEGREE	

## REFERENCES (Please list three professional references)

FULL NAME (LAST, FIRST MI)	RELATIONSHIP	COMPANY	PHONE NUMBER
FULL NAME (LAST, FIRST MI)	RELATIONSHIP	COMPANY	PHONE NUMBER
FULL NAME (LAST, FIRST MI)	RELATIONSHIP	COMPANY	PHONE NUMBER

## MILITARY SERVICE

BRANCH	RANK AT DISCHARGE	TYPE OF DISCHARGE	FROM	TO
IF OTHER THAN HONORABLE, PLEASE EXPLAIN				

PREVIOUS EMPLOYMENT					
COMPANY NAME		COMPANY ADDRESS		JOB TITLE	SUPERVISOR
FROM	TO	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	
RESPONSIBILITIES					
COMPANY PHONE		COMPANY FAX		SUPERVISOR EMAIL	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME		COMPANY ADDRESS		JOB TITLE	SUPERVISOR
FROM	TO	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	
RESPONSIBILITIES					
COMPANY PHONE		COMPANY FAX		SUPERVISOR EMAIL	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME		COMPANY ADDRESS		JOB TITLE	SUPERVISOR
FROM	TO	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	
RESPONSIBILITIES					
COMPANY PHONE		COMPANY FAX		SUPERVISOR EMAIL	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPANY NAME		COMPANY ADDRESS		JOB TITLE	SUPERVISOR
FROM	TO	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	
RESPONSIBILITIES					
COMPANY PHONE		COMPANY FAX		SUPERVISOR EMAIL	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information on my application or in my interview may result in my immediate termination.	
SIGNATURE	DATE

*Before employment will be considered, this application must be completed in full, signed, dated and submitted to the address listed below.*

PLEASE SUBMIT APPLICATIONS TO: [SRUCKER@SILVERSPLUMBING.COM](mailto:SRUCKER@SILVERSPLUMBING.COM)