



2018 Application for Employment

Date of Application: _____

Personal Information:

Name: _____
Last
First
MI

Current Address: _____
Street
City
State
Zip

Telephone: _____
Home
Alternate

Email: _____

Employment Desired:

Position: _____

Available Start Date: _____ Salary Desired: _____ Days and Hours Available: _____

How Did You Hear About Us: _____ Newspaper _____ Walk-In _____ Referral _____ Other: _____

	Yes	No
• Are you at least 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever submitted an application with Bud's Plumbing, Heating, and Air Conditioning before?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you legally authorized to work in the United States on a full-time basis?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have any relatives currently employed at Bud's Plumbing, Heating and Air Conditioning?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:		

Educational History:

Please list your educational background, starting with the most recent.

Type of School: _____ Name of School: _____

Location: _____ # of Years Completed: _____ Degree Completed: _____

Type of School: _____ Name of School: _____

Location: _____ # of Years Completed: _____ Degree Completed: _____

Type of School: _____ Name of School: _____

Location: _____ # of Years Completed: _____ Degree Completed: _____

Employment History:

Please list your employment background, starting with the most recent. Please include all gaps in employment.

Employer:

Phone:

Your Last Position Held:

Ending Salary:

Employer:

Phone:

Your Last Position Held:

Ending Salary:

Location (City, State):

Supervisor's Name:

Reason for Leaving:

Employed From (MM/YY – MM/YY):

Location (City, State):

Supervisor's Name:

Reason for Leaving:

Employed From (MM/YY – MM/YY):

Employer:

Location (City, State):

Phone:

Supervisor's Name:

Your Last Position Held:

Reason for Leaving:

Ending Salary:

Employed From (MM/YY – MM/YY):

Specialized Skills:

Please list any specialized skills, training, certifications, and licenses pertinent to the position for which you are applying:

Please List Professional References:

Name	Occupation	Years Known	Phone #
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Name	Occupation	Years Known	Phone #
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Name	Occupation	Years Known	Phone #
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Please List Personal References:

Name	Occupation	Years Known	Phone #
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Name	Occupation	Years Known	Phone #
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Name	Occupation	Years Known	Phone #
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Applicant's Acknowledgment

I certify that the answers given herein and during the entire application process (including but not limited to any criminal record inquiries made following this application, resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

Signature of Applicant: _____

Date: _____

This company is an equal opportunity employer. All applicants will be considered without regard to race, age, color, national origin, religion, disability, sexual orientation, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Bud's Plumbing, Heating and Air Conditioning will strive to accommodate any physical and/or mental limitations of employees and/or applicants in order to accomplish the essential functions of the job requested.

*This application is valid for 90 days from the date signed. For consideration of employment after the 90 days, a new application must be submitted.