



**GAITHERSBURG
PLUMBING, INC.**

GAITHERSBURG PLUMBING INC.
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE ANY OFFER OF EMPLOYMENT MAY BE CONSIDERED.
All information that you provide on this application will be checked. However, your present employer will not be contacted if you request.
Your failure to include important information may bar you from employment.

NAME Last		First		Middle	Social Security Number
Street Address					Phone number
City			State	Zip	Cell number
Position Applying for		Type of Employment Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Salary Desired	
Days Available to Work <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun					
Hours Available to Work _____					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you legally eligible for employment in the U.S.?			
<input type="checkbox"/>	<input type="checkbox"/>	If hired, can you furnish proof of eligibility to work in the U.S.?			
<input type="checkbox"/>	<input type="checkbox"/>	If hired, can you furnish proof that you are 18 years of age or older?			
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid Driver's License?		License No. _____	State _____
Are you a licensed plumber? <input type="checkbox"/> Yes <input type="checkbox"/> No Plumber License # _____					
<input type="checkbox"/> Apprentice		<input type="checkbox"/> Journeyman		<input type="checkbox"/> Master State Licensed _____	
Do you currently hold any HVAC or Refrigeration licenses/certification? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you currently hold any other Technical or Trade License? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what type of license? _____ State _____					
Type of School	Name & Location of School		Name of Degree		Major & Minor
High School			Diploma/GED <input type="checkbox"/> Y <input type="checkbox"/> N		
Tech/Trade School					
College(s)					
Other Training (explain) _____					

How were you referred to Gaithersburg Plumbing Inc?

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Temporary Agency | <input type="checkbox"/> Internet | <input type="checkbox"/> Technical School |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Search Firm | <input type="checkbox"/> Website | <input type="checkbox"/> Job Corps |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> Supply House | <input type="checkbox"/> Military |
| <input type="checkbox"/> Radio/TV | _____
Name of Employee | <input type="checkbox"/> Help Wanted sign | <input type="checkbox"/> Other _____ |

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military history.			
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Summarize Job Duties/Type of Work Performed	
Reason for Leaving			
Hourly Rate/Salary		Start \$ _____ per _____	
		Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Summarize Job Duties/Type of Work Performed	
Reason for Leaving			
Hourly Rate/Salary		Start \$ _____ per _____	
		Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Summarize Job Duties/Type of Work Performed	
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Hourly Rate/Salary		Start \$ _____ per _____	
		Final \$ _____ per _____	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor		Summarize Job Duties/Type of Work Performed	
Reason for Leaving			
Hourly Rate/Salary		Start \$ _____ per _____	
		Final \$ _____ per _____	
What foreign languages do you speak, write, or read fluently?			
Please note any additional skills, knowledge, activities, or achievements you believe are noteworthy in considering you for this position _____			

Have you ever been employed by Gaithersburg Plumbing in the past? Yes No
 If yes, when? _____ Position Held? _____

Have you ever plead guilty, been convicted, entered a plea of no contest, or had prosecution deferred or adjudication withheld for any crime?

YES _____ NO _____ IF YES, LIST ALL OFFENSES, INCLUDING TRAFFIC AND/OR CRIMINAL IN THE SPACE BELOW.

As a requirement of employment with GPI, all service personnel or other employees who may drive for the company, must have a valid driver's license, show evidence of a responsible driving history, and provide proof of insurability.

List all driving or traffic citations for the last three years in the space below.

Year	Offenses/Convictions/Violations	City	County	State

I agree that my employment with GPI is contingent on the verification of my criminal and/or driving records and an investigation may be made concerning such records if I am considered for employment. I agree to cooperate in such investigation and release from liability all persons, corporations, and entities requesting and supplying such information in good faith.

DATE _____ APPLICANT SIGNATURE _____

PLEASE READ CAREFULLY

I agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis or failure to qualify according to the minimum standards established by the company for this screen will disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

I have read in full and understand the above conditions of employment.

Date: _____ Applicant's Signature: _____

In completing and submitting this application, I hereby affirm that the foregoing statements are true and correct. I understand that any misstatement or omission of material facts in this application will be the cause for rejection of this application or, in the event of employment, cause for my dismissal.

In the event of my employment by you, I agree:

1. To furnish proof of age by birth certificate, upon request
2. To complete an employee information sheet and furnish supplemental personal, family, health, or other information;
3. To submit to such physical examinations by your designated physicians as you may require and further agree that such physician may disclose to you his full and complete findings relative to my physical condition;
4. That as a condition of my employment I must meet physical requirements required by you;
5. That, if employed, I will not disclose, either during or at any time subsequent to my employment, or authorize the disclosure of any secret or confidential information or knowledge concerning any sales or customer information, invention, matter or thing of which I may become aware relating to your business.

I hereby understand and I acknowledge that, unless otherwise defined by applicable law, any employment relationship is of "at will" nature which means that the employee may resign at any time with or without cause, and the company may terminate the employee at any time and for any reason. 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.

I understand that providing false information on this application may bar me from employment, or if discovered post-hire, cause my termination from employment.

Finally, I understand, authorize and agree that, as a routine part of processing this application, an investigation may be made in compliance with the Fair Credit Reporting Act concerning my character, general reputation, and all statements contained in this application if I am considered for employment. I agree to cooperate in such investigation and release from liability all persons and corporations requesting and supplying such information in good faith. I authorize and request any school or police dept. to furnish you with any and all information in its possession regarding me in the connection with this application for employment, and I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Date: _____ Applicant's Signature _____

