

CARROLL PLUMBING & HEATING, INC.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Carroll Plumbing & Heating, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION- PLEASE PRINT

NAME _____
FIRST MIDDLE LAST

ADDRESS _____

BIRTHDATE _____ TELEPHONE # _____

Position(s) applying for: _____

If hired, on what date can you start working? ____/____/____

Are you available to work overtime? Yes ____ No ____

Salary/Hourly Rate Desired: \$ _____

If hired, would you have transportation to/from work? Yes ____ No ____

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age) Yes ____ No ____

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes ____ No ____

If hired, are you willing to submit to and pass a controlled substance test? Yes ____ No ____

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Yes ____ No ____

If no, describe the functions that cannot be performed: _____

(Note: company complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applications/employees to perform essential functions.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes ____ No ____

If yes, please describe the crime- state nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: no applicant will be denied employment solely on the grounds of conviction of a criminal offense.)

EDUCATION, TRAINING, & EXPERIENCE

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

PLEASE LIST THE NAMES OF YOUR PRESENT AND PREVIOUS EMPLOYERS WITH MOST RECENT LISTED FIRST

NAME OF EMPLOYER	NAME OF SUPERVISOR	POSITION	DATES OF EMPLOYMENT		FINAL PAY \$	REASON FOR LEAVING	MAY WE CONTACT
			TO	FROM			

REFERENCES

List below three persons who have knowledge of your work performance within the last four years.
Please include professional references only.

NAME	PHONE NUMBER	OCCUPATION	# YEARS ACQUAINTED

By my signature below, I certify that all the statements herein are true and correct to the best of my knowledge and that any falsifications or willful omission on this application shall be sufficient cause for dismissal from or refusal of employment.

Signature of applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks _____

Hired? Yes _____ No _____ Position _____ Dept _____

Salary/ Wage _____ Date Reporting to Work _____