



EMPLOYMENT APPLICATION

It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national or ethnic origin, disability, veteran status, age, sex, marital status or any other protected characteristic.

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POSITION APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

PERSONAL:

NAME \_\_\_\_\_  
(PRINT LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS \_\_\_\_\_  
(STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

SOC. SEC. # \_\_\_\_\_ DR. LIC. # \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED, CONVICTED or ADJUDICATED OF ANY CRIMINAL OFFENSE? \_\_\_\_\_ NO \_\_\_\_\_ YES (EXPLAIN) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST PLUMBING LICENSES ISSUED BY THE STATE OF FLORIDA?

None: \_\_\_\_\_  
Journeyman License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Master Plumber License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DO YOU CURRENTLY HAVE RELIABLE TRANSPORTATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please Check One:**

MAIL CHECK: \_\_\_\_\_ PICK UP CHECK AT OFFICE: \_\_\_\_\_

DIRECT DEPOSIT: \_\_\_\_\_ (There is a \$1.75 bank charge per check for direct deposit)

**PRIOR WORK HISTORY (complete if you do not have resume)**

Dates From/To	Name & Address Of Employer	Supervisor's Name & Title	Reason for Leaving
Describe your job title & duties performed:			
Rate of Pay: Start \$ _____ Final \$ _____ Telephone No.: _____			

Dates From/To	Name & Address Of Employer	Supervisor's Name & Title	Reason for Leaving
Describe your job title & duties performed:			
Rate of Pay: Start \$ _____ Final \$ _____ Telephone No.: _____			

**List any additional Employers on a blank piece of paper.**

**EMERGENCY CONTACT:** *(Person to be contacted in case of an emergency)*

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than it's Members, and then only when in writing and signed by a Member, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date