

Pre-Employment Application

Paul the Plumber, Inc. is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

Personal Information

Name: _____ Home Phone: _____

Present Address: _____

Social Security No.: _____ Are you over 18? Yes _____ No _____

Are you a U.S. citizen or have the legal right to be employed in the U.S.? Yes _____ No _____

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI?

Yes _____ No _____

If yes, state the offense, location, date, and deposition

Who should be contacted in case of an emergency?

Name: _____

Phone: _____

Address: _____

Driver's License: State _____ Number _____ Type _____

Employment Desired

Are you seeking _____ Full time _____ Part Time _____ Temporary or Summer Employment
Position Applied for _____ Salary Desired _____

Have you ever applied with us before? _____ Yes _____ No Date available to start: _____

Have you ever worked here before? _____ Yes _____ No

If you ever applied or worked for us, state when and where you applied and/or worked.

How did you learn of our company and/or position?

Are you now or do you expect to be involved in any other business or employment?

_____ Yes _____ No

Are there any days or hours you would be unable or unwilling to work?

_____ Yes _____ No

Military

Have you ever served in the military? _____ Yes _____ No

Service Branch _____

What was your occupational specialty (MOS)?

What special training did you receive that may help you if employed by us?

Personal/Health

Can you lift a minimum of 70 lbs.? _____ Yes _____ No

Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alterations to the company? _____ Yes _____ No

Have you used any illegal drugs, including marijuana, in the last twelve months? _____ Yes _____ No

Have you ever been convicted for: driving while intoxicated, or under the influence of drugs or alcohol?

(If yes, when ___/___/___) _____ Yes _____ No

Are you willing to take a physical exam and drug screen, at our expense? _____ Yes _____ No

How many days leave did you take last year?

How many Fridays & Mondays did you take as leave last year?

Education

High School: _____ Graduate: _____ Yes _____ No

Courses

Studied: _____

College: _____ Graduate: _____ Yes _____ No

Courses

Studied: _____

Trade School: _____ Graduate: _____ Yes _____ No

Courses

Studied: _____

In the space provided please list you strengths and weaknesses:

Are you planning to pursue further studies? _____ Yes _____ No

If so, when and what courses:

List any scholastic honors, offices held and activities involved during high school or college:

List and describe any other School or Specialized Training:

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. Please give month and year.

Name of
employer _____

Address:

Phone: _____

Name and title of last supervisor:

Starting Date of employment: Month _____ Year _____ Salary

\$ _____

Ending Date: Month _____ Year _____ Salary

\$ _____

Title: _____

Reason for leaving:

Duties:

Name of
employer _____

Address:

Phone: _____

Name and title of last supervisor:

Starting Date of employment: Month _____ Year _____ Salary

\$ _____

Ending Date: Month _____ Year _____ Salary

\$ _____

Title: _____

Reason for leaving:

Duties: _____

Name of
employer _____

Address:

Phone: _____

Name and title of last supervisor:

Starting Date of employment: Month _____ Year _____ Salary

\$ _____

Ending Date: Month _____ Year _____ Salary

\$ _____

Title: _____

Reason for leaving:

Duties: _____

Have you ever worked under another name, please give that name:

Are you presently employed? _____ Yes _____ No

If yes, may we contact your present employer? _____ Yes _____ No

Special Skills

Do you type? _____ Yes _____ No Words per minute _____

Do you take shorthand? _____ Yes _____ No Words per minute _____

Have you had any computer or word processing experience or training? _____ Yes _____

No

If yes, please describe the extent:

What languages do you speak and or write fluently?

Use the space below to describe why you are interested in working for us. List the skills and abilities which you feel particularly qualify you for the position with us. Please attach a resume if

you have one available.

References

Give three references, not relatives or former employers. Please give name, address, phone, and occupation.

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, school, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will.

Signature: _____

Date: _____

Please email, fax to (203) 387-3640, or mail to: Paul the Plumber, Inc. P.O. Box 33 Seymour, CT 06483