



# Dan Worley Plumbing, Inc.

**NOTICE:** Completion of this application should not be considered as an offer of employment. No offer of employment will be final until applicant has submitted to and successfully completed a drug test and background investigation in those companies where drug testing and background investigation is required.

*Prospective employees will receive consideration without discrimination because of race, color, religion, sex, age, national origin, medical condition, disability or veteran status.*

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ( )
	City, State, Zip			Business Telephone ( )
	Have you ever applied for employment with any affiliate of Dan Worley Plumbing Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, Month and Year                      Location			Social Security No.
	Position Desired			Are you of the legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No   If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
Other special training or skills (languages, machine operation, software, etc.)				

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Membership in Professional or Civic Organizations</b> <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

# Previous Employment

Please give accurate, complete full-time and part-time employment record for the past 10 years. Start with your present or most recent employer. Use additional sheet if necessary.

<b>1</b>	Company Name	Telephone (       )
	Address	Employed – (State month and year) From                      To
	Name of Supervisor	Monthly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

<b>2</b>	Company Name	Telephone (       )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Monthly pay Start                      Last
	State Job Title and Describe Your Work	Reason for leaving

<b>3</b>	Company Name	Telephone (       )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Monthly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

<b>Military</b>	Did you serve in the U.S Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying.	

# Other Applicant Data

The information requested below is needed for, and will be used as part of, the hiring process only in the event of a legitimate occupational qualification or business necessity.

Are you fluent in any other languages? If so, which ones?	Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your previous address(es) for the past ten years? Use additional sheet if necessary.	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State issued _____ license # _____ expiration date: _____	How long at present address? year(s)   Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.
Have you ever been convicted of any crime in the past ten years, including D.U.I., or D.W.I., excluding minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe in full.	

<b>S I G N A T U R E</b>	<p>I hereby declare the information provided by me in the Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, my misstatement or omission of fact on this application shall be considered cause for dismissal.</p> <p>I authorize you to verify and exchange information regarding this application, including, but not limited to requesting investigative consumer reports and/or other reports, including motor vehicle driving records and information obtained through personal interviews with neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I further authorize you to update this information at any time. I understand I have the right to make a written request within a reasonable period to receive additional information about the nature and scope of any such investigation. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to a drug test to detect the use of illegal drugs prior to and during employment</p> <p>I acknowledge that any offer of employment I may receive from any affiliate of Dan Worley Plumbing Inc. is contingent upon my providing documentation verifying my identity and right-to-work in the United States, as outlined in the Immigration Control and Reform Act of 1986, within 72 hours of my employment.</p> <p style="text-align: center;">_____ Date _____ Signature _____</p>
----------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**FOR EMPLOYER'S USE ONLY**

R E F E R E N C E  C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T  R E S U L T S	Test Administered	Tool/ Equip	Rating	Analysis and Comments

I N T E R V I E W  R E S U L T S	Interviewer Name and Comments