

Butter Plumbing Employment Application Form

**All Employees Are Drug Tested And Have A Criminal Back Ground Check.
Please Print All Information Requested.**

Date: _____

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

How Long At this Address _____

UqekrUgewtkl '%aaaa/aaa/aaaaa

Home Telephone # (____) _____

'F tkgtai'Nkpgug'%aaaaaaaaaaaaa'

Mobile Phone # (____) _____

"Ucv"qh'Kuwgaaaaaa'Gzr aaaaaaa:

Alternate Phone # (____) _____

Are you 18 years old or older? Yes No

Are you legally entitled to work in the United States? Yes No

Position Applying for _____ Desired Salary \$ _____

Date you can start _____ Employment Desired: Part Time or Full Time

If full time, can you work 40 hours a week? Yes No

If yes, can you work overtime or be on call? Yes No

Do you have means of transportation? Yes No What is it? _____

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

Have you ever been convicted of a crime? Yes No

If yes, explain number(s), nature of offense(s) leading to conviction(s) imposed, and type(s) of rehabilitation. _____

EDUCATION

High School

Name of School: _____

Address, City, State & Zip: _____

Number of years attended: _____ Did you graduate? Yes No

Trade School

Name of School: _____

Address, City, State & Zip: _____

Number of years attended: _____ Did you graduate? Yes No

College and Post Graduate

Name of School: _____

Address, City, State & Zip: _____

Number of years attended: _____ Did you graduate? Yes No

What Degree? _____

Use the space below to summarize any additional information necessary to describe your training or education that would be beneficial to our company.

Employment

Please list you work experience for the past five years beginning with you most recent employment. If you were self-employed, give a firm name.

Employer Name: _____ Telephone # (____) _____

Address, City, State & Zip: _____

Position Held: _____

Duties Performed & Skills Used or Learned: _____

Supervisor's Name: _____

Reason for Leaving: _____

Employment Dates: From: _____ To: _____

Pay or Salary Start: _____ Final: _____

Employer Name: _____ Telephone # (____) _____

Address, City, St & Zip: _____

Position Held: _____

Duties Performed & Skills Used or learned: _____

Supervisor's Name: _____

Reason for Leaving: _____

Employment Dates From: _____ To: _____

Pay or Salary Start: _____ Final: _____

Employer Name: _____ Telephone # (____) _____

Address, City, St & Zip: _____

Position Held: _____

Duties Performed & Skills Used or Learned: _____

Supervisor's Name: _____

Reason for Leaving: _____

Employment Dates From: _____ To: _____

Pay or Salary Start: _____ Final: _____

ADDITIONAL QUALIFICATIONS

Use the space below to summarize any additional information necessary to describe your qualifications, skills, certifications, licenses or achievements that should be considered for this position.

May we contact your present or previous employer(s)? Yes No

If no, why? _____

PERSONAL REFERENCES

Please provide the names of two references other than relatives or previous employers.

Name: _____
Position: _____
Company: _____
Telephone # (____) _____
Address, City, State & Zip _____

Name: _____
Position: _____
Company: _____
Telephone # (____) _____
Address, City, State & Zip _____

Military

Have you ever been in the armed forces? Yes No

Are you a member of the armed forces? Yes No

Specialty _____

Date Entered _____ Date Discharged _____

Authorization to Release Information

I authorize Butter Plumbing to obtain information about me from my previous employers, schools and credit sources.

I authorize my previous employers, schools that I have attended and credit sources to disclose such information about me as Butter Plumbing may request.

I authorize my previous employers to candidly disclose to Butter Plumbing all facts and opinions concerning my work performance, cooperativeness and ability to get along well with others.

Date: _____

Printed Name: _____

Signature: _____