

DWYER PLUMBING CORP.

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION and PRE-EMPLOYMENT QUESTIONNAIRE

This Application is active for sixty (60) days from the date received by **Dwyer Plumbing Corp.**

PERSONAL INFORMATION

Name: _____ Date: _____
Last First Middle

Address: _____
Number & Street Apt. /Unit City State Zip Code

Phone number where we may contact you: _____ Social Security #: _____

Are you legally authorized to work in the United States? _____ Are you over the age of 18? _____

Do you have any responsibilities that could interfere with your ability to do the Job/Position you are applying for? _____

DESIRED EMPLOYMENT

Job/Position: _____ Date that you can start work: _____ Hourly rate desired: \$ _____

Are you presently employed? _____ If so, may we contact your present employer regarding this Application? _____

Who referred you to **Dwyer Plumbing Corp.**? _____

Have you previously worked for **Dwyer Plumbing Corp.**? _____

If yes, list dates of employment and termination of employment: _____ and _____

Reason for termination of employment? _____

EDUCATION: Indicate education or training which you believe prepares you for the job/position you are seeking.

High School: Years Completed (circle one) 1 2 3 4 Diploma: ___ Yes ___ No G.E.D.: ___ Yes ___ No

Name of School(s) _____ City/State _____

College and/or Vocational School: Years Completed (circle one) 1 2 3 4 4+

Name of School _____ City/State _____

Major/ Trade: _____ Degree/ Certificate Earned: _____

Other Training or Degree: _____ Program of Study: _____ Years completed: _____

Name of School: _____ City/State _____

PROFESSIONAL LICENSES AND MEMBERSHIPS

List any professional licenses(s) and/or membership(s) held:

Type of License(s) Held: _____ Issued by State/Jurisdiction: _____ License #: _____

License Expiration Date _____ Professional Memberships: _____

FORMER EMPLOYERS: List previous employer(s), most recent first; include U.S. Military Service, if applicable.

Employer _____ Address: _____

Main Telephone #: _____ Position: _____

Dates of Employment: From (month/year) _____ to (month/year) _____

Hourly rate of pay: \$ _____ Supervisor/Contact: _____ Department: _____

Duties/Responsibilities: _____

Number of hours worked per week: _____ Reason for terminating: _____

Employer _____ Address: _____

Main Telephone #: _____ Position: _____

Dates of Employment: From (month/year) _____ to (month/year) _____

Hourly rate of pay: \$ _____ Supervisor/Contact: _____ Department: _____

Duties/Responsibilities: _____

Number of hours worked per week: _____ Reason for terminating: _____

Employer _____ Address: _____

Main Telephone #: _____ Position: _____

Dates of Employment: From (month/year) _____ to (month/year) _____

Hourly rate of pay: \$ _____ Supervisor/Contact: _____ Department: _____

Duties/Responsibilities: _____

Number of hours worked per week: _____ Reason for terminating: _____

(You may submit additional work experience information, if you desire to do so.)

ADDITIONAL MATTERS

Explain any gaps in your work history: _____

Have you ever been discharged or asked to resign from a job? ____Yes ____No

If yes, explain: _____

Have you been convicted of a felony or misdemeanor (other than for traffic offenses)? ____Yes ____No

If yes, explain: _____

REFERENCES: List the names of three persons not related to you that have worked with you:

Name	Address	Work Relationship	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

AUTHORIZATION: “I certify that the facts contained in this application are true and complete to the best of my knowledge and recollection. I understand that, if I am employed by Dwyer Plumbing Corp., falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein, and authorize the References and Employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the President of Dwyer Plumbing Corp.”

Date Signature

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR THE APPLICANT TO BE CONSIDERED FOR EMPLOYMENT. ALL EMPLOYMENT DECISIONS WILL BE BASED ON THE APPLICANT’S QUALIFICATIONS AND ON COMPANY MANPOWER NEEDS. APPLICATIONS WILL BE KEPT ACTIVE FOR SIXTY (60) DAYS FOLLOWING SUBMISSION.

Your Resume and any relevant work-related documentation you desire to submit is welcome as a supporting attachment, but does not substitute for the requirement that this Form be completed and submitted.