



APPLICATION FOR EMPLOYMENT

All portions of this application pertaining to you must be completed. The company, in accordance with State and Federal laws, does not discriminate on basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record.

PLEASE PRINT:

Name	(Last)	(First)	(Middle)
Address	(Number/Street)	Telephone Number	
City	State	Zip	Alt Telephone Number
Social Security Number		Date of Birth	

How were you referred to the Company? _____

Have you ever applied for a job with this Company? _____ Yes _____ No

If yes, where and when? _____

Are you an authorized Alien? _____ Yes _____ No

If yes, Please present Immigration Card.

Are you 18 years of age or older? _____ Yes _____ No

Do you have any physical or mental conditions which may interfere with your ability to perform any job with the Company? _____ Yes _____ No

Do you have a valid Driver's License? _____ Yes _____ No

Has your Driver's License ever been suspended, revoked or restricted? _____ Yes _____ No

If yes, where and when? _____

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, please describe? _____

Have you been in an auto accident in the past three years? _____ Yes _____ No

If yes, please describe? _____

Position for which you are applying? _____

Salary Expected: _____

Can you work overtime? _____ Yes _____ No

Hours you are available to work? _____

First date you would be available to start work? _____

EDUCATION: School Name Address # Yrs Attended Degree

High School: _____

College: _____

Graduate: _____

Other: _____

Courses Now Studying: _____

CLERICAL AND SECRETARIAL APPLICANTS ONLY:

One (1) Check for Knowledge Two (2) Checks for Experience

_____ Computer _____ Office _____ Excel _____ Word _____ Quick Books

_____ Phone Etiquette _____ Typing _____ Words Per Minute

Other Office Equipment/Software _____

EMPLOYMENT RECORD: (Please list most recent position first)

Name of Employer: _____

Address of Employer: _____

Telephone Number of Employer: _____ Supervisor: _____

May we contact them? _____ Yes _____ No

Dates of Employment: _____

Salary: _____ Reason for leaving _____

Job Description: _____

Name of Employer: _____

Address of Employer: _____

Telephone Number of Employer: _____ Supervisor: _____

May we contact them? _____ Yes _____ No

Dates of Employment: _____

Salary: _____ Reason for leaving _____

Job Description: _____

Name of Employer: _____

Address of Employer: _____

Telephone Number of Employer: _____ Supervisor: _____

May we contact them? _____ Yes _____ No

Dates of Employment: _____

Salary: _____ Reason for leaving _____

Job Description: _____

PLEASE READ AND SIGN:

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment. I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT IS "AT WILL", THAT IS, THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I FURTHER UNDERSTAND THAT NO PERSONNEL RECRUITER OR INTERVIEWER OR OTHER REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT. ANY REPRESENTATION, VERBAL, OR WRITTEN, CONTRARY TO THE COMPANY'S "AT WILL" POLICY IS NULL, VOID AND WITHOUT LEGAL EFFECT. I hereby authorize Paul Scott Plumbing, Inc., to make any investigation and inquiry into my personal, employment, financial, medical or other history, and such matters as Paul Scott Plumbing, Inc., may decide are necessary in arriving at a decision as to my employment with Paul Scott Plumbing, Inc. I hereby authorize any and all employers, schools, corporations, or persons, including any physician, to release such information, including medical information, as is requested by Paul Scott Plumbing, Inc., and specifically release such entitles from all liability, in tort, contract or otherwise, for responding to inquiries and releasing such information regarding my personal employment, financial, medical or other history, whether such response be verbal or written. I further authorize any person(s) designated by Paul Scott Plumbing, Inc., and any of its agents, officers, shareholders and employees, from any liability in the event such information (or any information in any way related to my employment), if I am employed by Paul C. Scott Plumbing, Inc., is published or otherwise made public. I specifically waive notice provided for under M.C.L.A. 423.506.

Signature of Applicant

Date