



DOWDY PLUMBING
corporation

Employment Application

DATE: _____

APPLICANT INFORMATION

Last Name				First				M.I.	D.O.B	____/____/____
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

EMPLOYMENT INFORMATION

Position Applied For				Start Date				Desired Salary		
Work Preference	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	EVENINGS <input type="checkbox"/>	WEEKENDS <input type="checkbox"/>						
Are you at least 18 years of age and legally eligible for work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>										
Will you work overtime when necessary? YES <input type="checkbox"/> NO <input type="checkbox"/>										
Are you on layoff and/ or subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>										
Have you ever been discharged or asked to resign from a job? YES <input type="checkbox"/> NO <input type="checkbox"/>										
Have you ever been convicted of or pled guilty to a felony or first degree misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/>										

EDUCATION

High School	City				State					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
College	City				State					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							
Other	City				State					
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree							

PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary \$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary \$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary \$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

1. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
2. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
3. If I am offered and accept a position, I agree to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity, eligibility to work in order to comply with the Immigration Reform and Control Act of 1986 and able to pass drug screening for Drug Free Work Place.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature		Date	
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