



**A DRUG AND ALCOHOL TEST MAY BE ADMINISTERED AS A PART OF THE SCREENING PROCESS. PLUMB SUPPLY COMPANY'S GOAL IS TO MAINTAIN A DRUG FREE WORKPLACE. See the last page of this application for specific terms and conditions of a drug and alcohol screen.**

### **INSTRUCTIONS TO APPLICANT**

**Ask us for assistance if you are unable to complete this form yourself for any reason.**

1. It is very important to fill out this application very clearly and carefully.
2. If you have any additional information to include, such as a resume, school transcripts, or references, please insert them into the center of this application.
3. Please, fill in everything the application asks for, even if the information is already on your resume.
4. Phone books are available so that you can provide the addresses and telephone numbers of your personal references and past employers.
5. Plumb Supply Company is an Equal Opportunity Employer.
6. U.S. law requires that, if hired, you must furnish appropriate documentation establishing IDENTITY and EMPLOYMENT ELIGIBILITY, generally within 72 hours of starting work. A member of management will provide you a copy of INS Form I-9 that lists what documents may be used.
7. Applications will be considered for 60 days. You may re-apply after 60 days.

**When you are done, please fold this application so that these instructions are on the inside.**

**Plumb Supply Company**  
**APPLICATION FOR EMPLOYMENT**  
**(Pre-Employment Questionnaire) (Equal Opportunity Employer)**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL INFORMATION:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last First Middle

Email address: \_\_\_\_\_ @ \_\_\_\_\_ Other name(s) you have used \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Are You 18 years or older? (Y/N) \_\_\_\_\_ Are you legally eligible to work in the United States? (Y/N) \_\_\_\_\_

List states and counties of residence for the past seven years \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \$ \_\_\_\_\_

Any days of the week not acceptable? (Y/N) What Days? \_\_\_\_\_ What Shifts Can You Work? => Day? \_\_ Afternoon/Evening? \_\_ Night? \_\_

Have you ever been employed by this company before? \_\_\_\_\_ Why did you leave? \_\_\_\_\_ When? \_\_\_\_\_

Do you have relatives working for this company? \_\_\_\_\_ Who? \_\_\_\_\_ Relation? \_\_\_\_\_

**EDUCATION:**

	Name/Location	Number Years Attended	Did You Graduate?	Subjects Studied
High School				
G.E.D.		X		X
College				
Vocational and/or Technical				

**MILITARY:**

Last Branch/Location	Number Years Service	Special Skills/ Training/Abilities	Honorable Discharge?

**DESCRIBE OTHER SPECIAL SKILLS AND ABILITIES** \_\_\_\_\_

**CURRENT AND FORMER EMPLOYERS**

- ⇒ Are you on layoff and subject to recall? \_\_\_\_\_ Where? \_\_\_\_\_
- ⇒ Account for **all jobs** held in the last 10 years. If unemployed, show the dates of unemployment and write in **"Unemployed"**.
- Start with most current employer first, attach additional sheets if necessary
  - If you are applying for a position that includes truck driving, omit this section and complete the addendum for truck driver application, which becomes a part of this application.
  - If you have 10 years of job history, show it all. **Do not omit any paid jobs you held in the last 10 years.**

**1. Most Recent (Current) Job...**

Employer's Telephone: \_\_\_\_\_

Date Month/Year	Name, Phone, And Address of Employer	Salary		Position	Reason for Leaving (Must not be blank)
		Start	End		
From _____					
To _____					

Last Supervisor's Name/Title: \_\_\_\_\_

Describe Duties, promotions, and discipline: \_\_\_\_\_

Did (Are) you leave (ing) this employer VOLUNTARILY or INVOLUNTARILY (circle one)? Explain: \_\_\_\_\_

**2. Job Just before Most Recent (Current) Job...**

Employer's Telephone: \_\_\_\_\_

Date Month/Year	Name, Phone, And Address of Employer	Salary		Position	Reason for Leaving (Must not be blank)
		Start	End		
From _____					
To _____					

Last Supervisor's Name/Title: \_\_\_\_\_

Describe Duties, promotions, and discipline: \_\_\_\_\_

Did (Are) you leave (ing) this employer VOLUNTARILY or INVOLUNTARILY (circle one)? Explain: \_\_\_\_\_

**3. Next Most Recent Job...**

Employer's Telephone: \_\_\_\_\_

Date Month/Year	Name, Phone, And Address of Employer	Salary		Position	Reason for Leaving (Must not be blank)
		Start	End		
From _____					
To _____					

Last Supervisor's Name/Title: \_\_\_\_\_

Describe Duties, promotions, and discipline: \_\_\_\_\_

Did (Are) you leave (ing) this employer VOLUNTARILY or INVOLUNTARILY (circle one)? Explain: \_\_\_\_\_

**4. Next Most Recent Job...**

Employer's Telephone: \_\_\_\_\_

Date Month/Year	Name, Phone, And Address of Employer	Salary		Position	Reason for Leaving (Must not be blank)
		Start	End		
From _____					
To _____					

Last Supervisor's Name/Title: \_\_\_\_\_

Describe Duties, promotions, and discipline: \_\_\_\_\_

Did (Are) you leave (ing) this employer VOLUNTARILY or INVOLUNTARILY (circle one)? Explain: \_\_\_\_\_

**DO NOT CONTACT**

We may contact your past employers unless you indicate here those you do not want us to contact.	Employer(s) _____ Reason _____
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...Add sheets if you have more job history in past 10 years or your older jobs are applicable to this position.

**PERSONAL REFERENCES:** Give 3 names of persons that are not related to you and are not former employers and whom you have known at least one year.

Name	Address/Phone	Occupation/ Business	Years Acquainted

**ABILITY TO DO THE JOB:** With or without a reasonable accommodation, are you able to perform the essential functions of the job for which you are applying? (Yes/No/NA)\_\_\_\_\_ (Note - Indicate NA to this question if you have not been provided a job description, a list of job duties, or otherwise informed of the essential functions of the job. If you have been informed of the essential job functions, but you need more information concerning job duties to answer this question, please inquire).

**List any other relevant facts that would assist us in our hiring decision:**

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**In case of emergency notify:**

Name	Address	City/State	Phone
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I certify that the information I have provided in support of my application for employment, including the facts contained in this Application and any statements I may provide during any employment interview, are true and complete to the best of my knowledge and belief. I understand that if any of the information I provide in support of my prospective employment with Plumb Supply Company is false or misleading, that Plumb Supply Company shall have the right to refrain from further consideration of my application and, if I am employed at the time, shall have the right to immediately terminate my employment without advanced notice to me.

I hereby authorize Plumb Supply Company to investigate my qualifications for employment with Plumb Supply Company, and authorize and request the references listed in this Application, as well as any representative or any of my former employers, to provide Plumb Supply Company with any and all information he or she may have pertaining to me or my prior employment, personal or otherwise. In addition, I release all individuals providing information to Plumb Supply Company, from any and all liability for providing information to Plumb Supply Company, and I promise and covenant not to sue or otherwise assert any type of claim against all such persons regardless of whether I consider the information provided to be false, misleading, inaccurate, improper, or damaging to my reputation.

I understand that any offer of employment may be contingent on the results of an employer paid physical. I understand that a drug and alcohol test may be administered before an offer of employment is made, or as a part of the post-offer physical (policy available upon request). By voluntarily submitting to this physical and/or drug and alcohol test, I release all parties from all liability related to the information discovered during the physical and/or test(s), and I agree and covenant not to sue or bring any type of claim against those parties.

If I am offered employment with Plumb Supply Company, I agree to abide by the rules and the policies of Plumb Supply Company as a condition to that employment. I also understand and agree that, if hired, my employment is not for a definite time period, and that my employment and compensation can be terminated 'at will', any time, with or without cause, and with or without notice, at the option of either the employer or me subject only to any provision to the contrary contained in any collective bargaining agreement that may pertain to my employment. I acknowledge that the Company may amend, modify, or terminate the policies in its Handbook and other policies of the Company at any time. I understand that no manager, officer, or representative of Plumb Supply Company, other than the president of the Company, has any authority to enter any agreement for employment for any specific or definite period of time, or to make any agreement contrary to the foregoing. I further understand and agree that such an employment agreement is invalid unless it is in writing and signed by the president.

**Additional Comments...** \_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_

**FAIR CREDIT REPORTING ACT  
DISCLOSURE AND AUTHORIZATION**

I understand that Plumb Supply Company and its agents may conduct a background investigation and obtain a consumer report for purposes of employment.

I understand that this may include inquiries into my character, reputation, habits and mode of living; my employment and educational history and license status; my criminal and civil court records; and my credit, motor vehicle and worker's compensation claims records. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for Plumb Supply Company to procure consumer reports at any time during the duration of my employment.

**My signature below authorizes Plumb Supply Company to obtain a consumer report.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_