

BOLIN PLUMBING, INC.

APPLICATION FOR EMPLOYMENT

BOLIN PLUMBING, INC. (hereinafter referred to as the Company) is an Equal Opportunity Employer. The Company does not discriminate in its employment practices, including selection, job assignment, compensation, discipline, termination, and access to benefits and training, because of race, color, religion, sex, age, disability, national origin, veteran status, or any other characteristic protected by law. No question on this application is asked for the purpose of limiting or excluding any qualified applicant's consideration for employment because of his or her race, color, religion, sex, age, disability, national origin, veteran status, or any other characteristic protected by law.

I hereby authorize the Company to conduct a criminal conviction investigation, obtain a credit report, and, if driving is required by the position I have applied for, a Motor Vehicle Record (MVR). As an applicant and/or as an employee of the company, I understand that I may be required to submit to drug and/or alcohol testing under the following circumstances: (a) pre-employment, (b) post accident/incident, (c) fitness-for-duty, and/or (d) unannounced or at random. I understand that, if employed, I may have deductions made from my paycheck for health insurance premiums and/or other items as the need arises.

Instructions: Answer all questions to the best of your ability; respond to every question. Do not write "see Resume" in the Work Experience section; fill out this and all other sections completely. If you need help completing this application, ask the person who gave you this form. If a question does not apply to you, write N/A. Please print.

Date: _____ Social Security No. _____ - _____ - _____

Name: _____
Last First Middle

Current Address: _____
Street City State & Zip Code Telephone No.

Previous Address: _____
Street City State & Zip Code Telephone No.

Position:	Date you can start:
Pay Desired:	Available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?	
Ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?	
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk In <input type="checkbox"/> Agency <input type="checkbox"/> Other	
<i>BOLIN PLUMBING, INC. IS AN EQUAL OPPORTUNITY EMPLOYER</i>	

Are you lawfully entitled to work in the United States? Yes No
(Proof of employment eligibility will be required upon employment.)

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves _____

Have you ever been discharged or asked to resign from any job? Yes No

If yes, explain: _____

Are you on lay-off and subject to recall? Yes No

Can you travel if the position requires it? Yes No

Do you have reliable transportation (e.g., personal vehicle, public transportation, etc.)? Yes No

If employed and you are under 18, can you furnish a work permit? Yes No

Have you ever been convicted of, or pleaded guilty or no contest (nolo contendere) to a felony offense within the last 7 years? (A "yes" answer will not necessarily disqualify an applicant from employment.) Yes No

If yes, explain: _____

Driver's License No. _____ State _____ Valid? Yes No

Any other Operator's Licenses utilized within the past 10 years? Yes No

If yes, explain: _____

EDUCATION

	Name and Location of School	No. of Years Attended	Graduated (Y/N)	Subject(s) Studied
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Trade, Business, or Correspondence School:	_____	_____	_____	_____

REFERENCES: Give the names of three (3) persons not related to you, who you have known at least one year.

	NAME	ADDRESS	TELEPHONE NO.	BUSINESS	YEARS KNOWN
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

WORK EXPERIENCE

Start with your present or last job; list every job you have worked at for the previous 10 years. Include military service assignments and volunteer activities. You may exclude organization names, which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer	Telephone ()	Dates employed From:	To:
Address			
Job Title		Hourly Rate / Salary Starting:	Final:
Work Performed			
Supervisor	Address	Telephone No. ()	
Reason for Leaving			
Employer	Telephone ()	Dates employed From:	To:
Address			
Job Title		Hourly Rate / Salary Starting:	Final:
Work Performed			
Supervisor	Address	Telephone No. ()	
Reason for Leaving			
Employer	Telephone ()	Dates employed From:	To:
Address			
Job Title		Hourly Rate / Salary Starting:	Final:
Work Performed			
Supervisor	Address	Telephone No. ()	
Reason for Leaving			
Employer	Telephone ()	Dates employed From:	To:
Address			
Job Title		Hourly Rate / Salary Starting:	Final:
Work Performed			
Supervisor	Address	Telephone No. ()	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any special skills and/or qualifications you have acquired from employment or other experience you wish to have considered in applying for this position.

I hereby certify that the foregoing statements are true and correct, and I understand that any false statement contained herein may be considered sufficient grounds for rejection of this application, or for termination from employment if such false statement is discovered subsequent to employment. I authorize the Company to request each of my former employers, and/or person, firm, or corporation identified in this application as an employer or reference, to answer any and all questions that may be asked; and to give any and all information concerning me, my work habits, character, and/or skills that may be sought in connection with this application. I expressly release these persons from any and all liability in furnishing responses to these inquiries. Additionally, I understand that, if hired, failure on my part to disclose any previous employment within the past 10 years may subject me to immediate termination. This application will be considered active for 30 days only.

If an offer of employment is made to me by the Company, I understand that **after such an offer**, and/or periodically during my employment with the Company, I hereby authorize the Company to administer, and I agree to submit to, a medical examination, if one is required by my position. The medical examination will be performed at the Company’s expense by a health professional of the Company’s choice. I further agree that, as an applicant and/or employee, I may be subject to drug testing (e.g., blood, hair, urine, etc.) at the Company’s expense, performed by a laboratory, with proper chain of custody certification, of the Company’s choice. I hereby authorize the release of all information gathered from the medical examination and drug test. I understand and agree that the Company may periodically conduct a search of any items or areas used by employees, and/or employee-associated vehicle(s) parked on the Company’s premises or job sites, in an effort to maintain a safe work environment free of illegal drugs, firearms, explosives, etc. I also understand that periodic searches are not necessarily an accusation of wrongdoing on my part.

I understand and agree that, if employed, my employment with the Company is at will and is for no definite period of time. Either I or the Company may terminate my employment at any time, with or without cause, and with or without advance notice. If this application is considered favorable, I agree to abide by, and comply with, all rules and regulations of the Company as they currently exist, and/or as they are modified from time to time during my employment.

DATE: _____ SIGNATURE: _____

FOR COMPANY USE ONLY

Interviewed by:	Date:	Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No
DOH:	Position:	Emp. #:
<input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary
Starting Pay: \$	Start Date:	Location:
Supervisor:	Has complete hiring packet and procedure been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If “No” explain on separate sheet of paper)	