

Application for Employment

We are pleased that you are seeking employment with J.P.'s Plumbing and Heating Inc. Applicants for employment are considered without regard to race, color, religion, sex, age, sexual orientation or national origin, or any factors prohibited by local, state or federal law. We are proud to be an Equal Opportunity Employer.

Applicants with disabilities may be entitled to reasonable accommodation under the ADA and related state laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing an undue hardship on the company.

This employment application does not create a contract or offer of employment. If hired, employment with the company will be on an at-will basis and can be terminated at the will of either you or the Company.

Please be advised, this application for employment is only good for <u>30 days</u> from the date received by the Company. Consideration for employment after 30 days requires submission of a new application.

Personal

Applicant Name		Phone Number	
Street Address	City	State	Zip Code
Email Address		Cell Phone Number	
Please list all names you have used in the p	ast:		
Have you ever been employed by our Comp	pany? Yes, dates of	f employment:	No
How did you hear about our company and/o	or this job opening?		

Have you ever applied for employment at our Com	pany? Tyes, c	lates applied:	No
Do you have any friends or relatives employed by t	his company? [] Yes [] No	
If yes, please provide their names and relationship	to you:		
Employment Desired			
Position applying for:			
Date Available:	Salar	y Desired: \$	per
Are you interested in Temporary Temporary	Γime	:-Time	
What days and hours are you available to work? _			
Are you available to work: On weekends? Yes	□ No C	overtime? Yes	No
Experience List all present and past employment starting with y Attach separate sheet if necessary. You must com			
Employer Name	Phone Number	•	
Type of Business	Your Supervisor's Name		
Street Address	City	State	Zip Code
Dates of Employment: From To			
Current Employer? ☐ Yes ☐ No May we co	ontact this emplo	oyer for a reference	? 🗌 Yes 🗌 No
Your position and duties			
Your reason for leaving			
Employer #2			
Employer Name	Phone Number	•	
Type of Business	Your Superviso	n's Name	
Street Address	City	State	Zip Code
Dates of Employment: ${From}$ To			

May we contact this employer for a refere	nce? 🗌 Yes 🗌 No		
Your position and duties			
Your reason for leaving			
Employer #3			
Employer Name	Phone Number		
Type of Business	Your Supervisor's	s Name	
Street Address	<u>City</u>	State	Zip Code
Dates of Employment: ${From}$ To			
May we contact this employer for a refere	nce? 🗌 Yes 🗌 No		
Your position and duties			
Your reason for leaving			
References Please list three (3) individuals who are no and work experience, preferably former so		knowledge of your	work performance
Reference #1			
Reference Name	Phone Number		
Company	Position		
Reference #2			
Reference Name	Phone Number		
Company	Position		
Reference #3			
Reference Name	Phone Number		
Company	Position		

Skills and Qualifications:		
Do you have any licenses, skills, training, awards that are relevant to the job for which you are applying?		
Do you speak, write or understand any foreign languages? Yes No		
If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.		
Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No	ıt	
If no, please describe the functions that cannot be performed		
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary f applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, a and agility tests.)		
Can you meet the attendance requirements of this job? Yes No		
APPLICANT'S CERTIFICATION AND SIGNATURE		
Please read carefully, initial each paragraph and sign at the bottom of the page.		
I understand that, if hired, I will be required to provide proof of my legal authorization to in the United States.	work	
I certify that I have not knowingly withheld any information that might adversely affectances for employment and that the information provided by me on this application a and correct to the best of my knowledge. I further certify that I, the undersigned applace have personally completed this application. I understand that any omission or misstat of material fact on this application or on any document used to secure employment sl grounds for rejection of this application or for immediate discharge if I am empregardless of the time elapsed before discovery.	re true blicant, ement hall be	
I authorize the Company to thoroughly investigate my references, work record, edu and other matters related to my suitability for employment. I further authorize the refer I have listed to disclose to the Company all letters, reports and other information relamy work records, without giving me prior notice of such disclosure. In addition, I releam Company, my former employers and other persons, corporations, partnerships associations from any and all claims, demands or liabilities arising out of or in an	rences ated to ase the s and	

I understand that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an

related to such investigation or disclosure.

Print Name		
Applicant S	ignature	Date
This applica	ation, when completed and signed, becomes the property of the Compa	any.
	I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR EFFECT UPON MY EMPLOYMENT AND ACCEPT SAME AS CONIEMPLOYMENT WITH COMPANY.	
	I understand that in connection with my application for employment position for which I have applied, any offer of employment is conditionand passing a post-offer/pre-employment drug test, and if necessal which I have applied, a post-offer/pre-employment medical examinationary refuse to take any required pre-employment drug test and/or me that if I do, any offer of employment will be immediately withdrawn.	oned upon my taking ry for the position for on. I understand that I
	I understand that, in connection with my application for employmer obtain a consumer report and/or investigate consumer reports about information as to my character, general reputation, personal characteriving. Such reports may include or consist of my driving histor Department of Motor Vehicles. I further understand that any job of Company is contingent upon receipt of a favorable consumer or in report about me.	t me that may contain teristics, and mode of by obtained from the offer extended by the
	employment contract between the Company and me. In addition, I un that if I am employed, my employment is at will and is for no definite o and may be terminated at any time, with or without prior notice, or wit at the option of either myself or the Company, and that no promises contrary to the foregoing are binding on the Company unless made in me and the Company's designated representative.	r determinable period h or without cause, or representations

Once completed, signed, and saved. Email your application to:

jobs@calljps.com