P.K. Wadsworth
HEATING, COOLING, PLUMBING & ELECTRICAL

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer
Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, military, disability, genetic information or veteran status

Please note: ***Including information on this form that is not requested will disqualify your application for employment***

PERSONAL INFORMATION

Last Name First Middle		Today's Date	Social Security Number
Street Address		Home Telephone	Mobile Telephone
City, State, Zip		Work Telephone	Email Address
Have you ever applied for employment or worked for us? ☐ Yes ☐ No if yes, when?		Are you of the legal age (18) to work?	
Position Desired	Desired Pay	Do you have adequate means of getting to work?	
Are you available for full-time work? ☐ Yes ☐ No	Flexible shifts? ☐ Yes ☐ No	Will you work overtime, if asked? ☐ Yes ☐ No	
Do you have, or have you applied for the legal right to remain permanently and work in the United States? ☐ Yes ☐ No		When will you be available to begin work?	

EDUCATION AND TRAINING

Please select the highest grade completed:

-	-	-	-
Grade School	High School	College	Trade/Tech

What and where was the last school you attended?

What job-related skills have you developed that were not acquired through formal education?

Please use this space to indicate your areas of experience, specialized skills and expertise relative to the position for which you are applying.

	Date	#		Date	#
PLUMBING:			**HVAC:**		
Backflow Certified			ICE Certified		
DOT for gas line			NATE Certified		
			CFC/EPA: Type 2		

	Date	#
STATE LICENSE:		
Plumbing		
Electrical		
HVAC		

GENERAL INFORMATION

Have you ever been discharged or asked to resign by an employer? ☐ Yes ☐ No
If yes, please explain:

A record of criminal conviction will not necessarily be a bar to employment since the Company will consider factors such as the duties of the job for which you are applying, your age, the time of the offense, the nature and seriousness of the violation, and evidence of rehabilitation in making any employment decision.

Have you ever been convicted of a crime (other than minor traffic violations)? ☐ Yes ☐ No

If yes, please explain:

MOTOR VEHICLE INFORMATION

Complete this section if the job for which you are applying might require you to drive a Company or personal vehicle in the course of your work.

Do you have a valid driver's license? Yes ☐ No State: ☐ License No. _____

Have you had any accidents in the last five (5) years? ☐ Yes ☐ No
If yes, please give details:

Have you been convicted for any moving violations in the last five (5) years? ☐ Yes ☐ No
If yes, please give details:

How many points are on your driver's license? _____

Has your driver's license ever been suspended, revoked, denied or canceled? ☐ Yes ☐ No
If yes, please explain:

WORK EXPERIENCE (Please note: If in response you attach your resume, make sure *all* items are answered.)

Beginning with your current or most recent employer, describe your employment experience below:

1. Present or last employer: _____

Address: _____

Kind of business : _____

Compensation: _____ **Dates of employment: From:** _____ **to:** _____

Name of your immediate supervisor: _____ **Telephone No:** _____

Description of your job: _____

Reason for leaving:

May we contact your current employer at this time? ☐ **Yes** ☐ **No** **If no, please explain:**

2. Next previous employer: _____

Address: _____

Kind of business : _____

Compensation: _____ **Dates of employment: From:** **to:** _____

Name of your immediate supervisor: **Telephone No:** _____

Description of your job: _____

Reason for leaving:

May we contact this employer? ☐ **Yes** ☐ **No**

3. Next previous employer: _____

Address: _____

Kind of business : _____

Compensation: _____ **Dates of employment: From:** _____ **to:** _____

Name of your immediate supervisor: **Telephone No:** _____

Description of your job: _____

Reason for leaving:

May we contact this employer? ☐ **Yes** ☐ **No**

4. Next previous employer: _____

Address: _____

Kind of business : _____

Compensation: _____ **Dates of employment: From:** _____ **to:** _____

Name of your immediate supervisor: **Telephone No:** _____

Description of your job: _____

Reason for leaving:

May we contact this employer? ☐ **Yes** ☐ **No**

PERSONAL STATEMENT AND SIGNATURE – READ CAREFULLY BEFORE SIGNING

By signing below, I certify that I have read, understand and agree to each of the following statements:

- **All of the information I have supplied on this application is true, accurate and complete to the best of my knowledge, and I have not knowingly withheld any information that, if known to the Company, would affect my application.**
- **If I am hired by the Company, and the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.**
- **I agree to submit to testing for the detection of unlawful drug use, if required. If offered employment, I agree to submit to a medical examination prior to beginning work with the Company. I also understand that if I am employed by the Company, I may be required and agree, when job-related and consistent with business necessity, to undergo a medical examination.**
- **I understand that nothing in this employment application creates a contract of employment between me and the Company. I if am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated either by the Company or by me with or without cause and without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me either orally or in writing that is not an at-will agreement. Only the president of the Company has the authority to enter into an employment agreement with me for any specified period of time.**
- **I agree to release to the Company or its designated agents all medical information including but not limited to files, reports, x-rays, evaluations and opinions held by medical personnel, to the extent such information is job related and consistent with business needs. I acknowledge that this is a general release, and that if hired, it remains in effect for the duration of my employment.**
- **I authorize the Company to conduct any investigation regarding the information contained in my employment application which the Company thinks is necessary to determine my qualifications for assuming and/or maintaining a job with the Company. I will execute any release to third parties acting as designated representative of the Company. I give the Company or its designated representatives my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, health, credit, education or employment record. I hereby give my consent to any such sources to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me. Upon written request, additional information as to the nature and scope of any credit report, if one is made, will be provided.**
- **In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.**
- **READ CAREFULLY BEFORE SIGNING: I agree that any claim or lawsuit relating to my employment with the Company must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**

Signature of Applicant **Date**

Blind&Sons
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Authorization to Release Information & Records

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et sec., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

_____

Applicant's / Employee's Full Name (Print clearly)

Applicant's / Employee's Signature

Date of Signature