

## Pre-Employment Application

Paul the Plumber, Inc. is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

### Personal Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Are you over 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. citizen or have the legal right to be employed in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the offense, location, date, and deposition

\_\_\_\_\_

Who should be contacted in case of an emergency?

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_

\_\_\_\_\_

### Employment Desired

Are you seeking \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary or Summer Employment  
Position Applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No Date available to start: \_\_\_\_\_

Have you ever worked here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you ever applied or worked for us, state when and where you applied and/or worked.

\_\_\_\_\_

How did you learn of our company and/or position?

\_\_\_\_\_

Are you now or do you expect to be involved in any other business or employment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any days or hours you would be unable or unwilling to work?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## Military

Have you ever served in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

Service Branch \_\_\_\_\_

What was your occupational specialty (MOS)?

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What special training did you receive that may help you if employed by us?

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## Personal/Health

Can you lift a minimum of 70 lbs.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alterations to the company? \_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you used any illegal drugs, including marijuana, in the last twelve months? \_\_\_\_\_ Yes

\_\_\_\_\_ No

Have you ever been convicted for: driving while intoxicated, or under the influence of drugs or alcohol?

(If yes, when \_\_\_/\_\_\_/\_\_\_) \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to take a physical exam and drug screen, at our expense? \_\_\_\_\_ Yes \_\_\_\_\_

No

How many days leave did you take last year?

How many Fridays & Mondays did you take as leave last year?

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## Education

High School: \_\_\_\_\_ Graduate: \_\_\_\_ Yes \_\_\_\_ No

Courses

Studied: \_\_\_\_\_

College: \_\_\_\_\_ Graduate: \_\_\_\_ Yes \_\_\_\_ No

Courses

Studied: \_\_\_\_\_

Trade School: \_\_\_\_\_ Graduate: \_\_\_\_ Yes \_\_\_\_ No

Courses

Studied: \_\_\_\_\_

In the space provided please list you strengths and weaknesses:

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Are you planning to pursue further studies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when and what courses:

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List any scholastic honors, offices held and activities involved during high school or college:

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List and describe any other School or Specialized Training:

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### Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. Please give month and year.

Name of employer \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name and title of last supervisor: \_\_\_\_\_

Starting Date of employment: Month \_\_\_\_\_ Year \_\_\_\_\_ Salary

\$ \_\_\_\_\_

Ending Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Salary

\$ \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of employer \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Name and title of last supervisor: \_\_\_\_\_  
\_\_\_\_\_

Starting Date of employment: Month \_\_\_\_\_ Year \_\_\_\_\_ Salary

\$ \_\_\_\_\_

Ending Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Salary

\$ \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Name of employer \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name and title of last supervisor:

Starting Date of employment: Month \_\_\_\_\_ Year \_\_\_\_\_ Salary

\$ \_\_\_\_\_

Ending Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Salary

\$ \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

\_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked under another name, please give that name:

\_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, may we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Special Skills

Do you type? \_\_\_\_\_ Yes \_\_\_\_\_ No Words per minute \_\_\_\_\_

Do you take shorthand? \_\_\_\_\_ Yes \_\_\_\_\_ No Words per minute \_\_\_\_\_

Have you had any computer or word processing experience or training? \_\_\_\_\_ Yes \_\_\_\_\_

No

If yes, please describe the extent:

\_\_\_\_\_

\_\_\_\_\_

What languages do you speak and or write fluently?

\_\_\_\_\_

Use the space below to describe why you are interested in working for us. List the skills and abilities which you feel particularly qualify you for the position with us. Please attach a resume if

you have one available.

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### References

Give three references, not relatives or former employers. Please give name, address, phone, and occupation.

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### Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, school, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will.

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

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

Please email, fax to (203) 387-3640, or mail to: Paul the Plumber, Inc. P.O. Box 33 Seymour, CT 06483