

APPLICATION FOR EMPLOYMENT

LOCK HAVEN PLUMBING & HEATING, INC.
PO BOX 706
30 CLARKS BARN ROAD
LOCK HAVEN PA 17745
570-893-4328 PHONE
570-893-1768 FAX
www.lockhavenplumbing.com

Position (s) applied for _____ Date of application _____

Name _____
First Middle Last

Address _____
Street City State Zip

Telephone Number _____ Other Phone Number _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ State _____

Are you legally eligible for employment in this country? _____ Yes _____ No

Date you are available to start work _____

Type of employment:

_____ Full-Time _____ Part-Time _____ Temporary _____ Educational Co-Op

Are you able to meet the attendance requirements of the position? _____ Yes _____ No

Have you been convicted of a crime in the last Seven (7) years? _____ Yes _____ No

If Yes please explain:

CONVICTION WILL NOT NECESSARILY BE A BAR FROM EMPLOYMENT, EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING FOR.

EMPLOYMENT HISTORY:

Provide the following information starting with the most recent job.

Employer _____

Immediate Supervisors Name and Title _____

Address _____

Telephone Number _____

Type of work you preformed _____

Hourly Rate of Pay or Salary

Start _____ per _____ Final _____ per _____

Start Date _____ Last Day of work _____

Reason for leaving _____

Employer _____

Immediate Supervisors Name and Title _____

Address _____

Telephone Number _____

Type of work you preformed _____

Hourly Rate of Pay or Salary

Start _____ per _____ Final _____ per _____

Start Date _____ Last Day of work _____

Reason for leaving _____

Employer _____

Immediate Supervisors Name and Title _____

Address _____

Telephone Number _____

Type of work you performed _____

Hourly Rate of Pay or Salary

Start _____ per _____

Final _____ per _____

Start Date _____

Last Day of work _____

Reason for leaving _____

SKILLS AND QUALIFICATIONS

SUMMARIZE ANY TRAINING, SKILLS, LICENSES, AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING FOR.

EDUCATIONAL BACKGROUND (IF JOB RELATED)

High School Attended _____

Address _____

Course of Study _____

Years completed _____ Did you graduate? _____

College Attended _____

Address _____

Course of Study _____

Years completed _____ Did you graduate? _____

REFERENCES:

Name _____

Telephone Number _____

Years known _____

Name _____

Telephone Number _____

Years known _____

Name _____

Telephone Number _____

Years known _____

Name _____

Telephone Number _____

Years known _____

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL MISSTATEMENT BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANYTIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATIONS AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____

Date _____