



TOTAL PLUMBING SOLUTIONS

Employment Application

APPLICANT INFORMATION										
Last Name		First		M.I.	Date					
Street Address					Apartment/Unit #					
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Position Applied for										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you have a valid Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What State:							
*If Position requires that you drive for the company your driver's license validity will be checked thru the DMV. Initial Here _____										
EDUCATION										
High School				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone	()				
Address										
Full Name					Relationship					
Company					Phone	()				
Address										
Full Name					Relationship					
Company					Phone	()				
Address										

PREVIOUS EMPLOYMENT

Company				Phone	()
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Address				Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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Company				Phone	()
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Address				Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
------	--	----	--	--------------------	--

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
--	------------------------------	-----------------------------	--	--	--

Company				Phone	()
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Address				Supervisor	
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Job Title		Starting Salary	\$	Ending Salary	\$
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Responsibilities					
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From		To		Reason for Leaving	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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MILITARY SERVICE

Branch				From		To	
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Rank at Discharge				Type of Discharge	
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If other than honorable, explain					
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QUALIFICATIONS

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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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Signature				Date	
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