



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Applying for: _____ Date of Application: _____

How did you learn about the position? _____

Name: _____ Social Security #: _____
First name Middle Name Last Name

Have you been know by any other name? _____

Current Home Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Are you 18 years or older? ()YES ()NO

Date you can start work? _____ Salary Desired: _____

Would you work: ()FULL ()PART-TIME Are you employed now? ()YES ()NO

If so, may we contact your present employer? ()YES ()NO

Have you applied with this company before? ()YES ()NO If yes, when? _____

Have you worked for this company before? ()YES ()NO If yes, when? _____

Are there any reasons why you may have difficulty in performing any of the major or essential functions or duties of the job for which you have applied? ()YES ()NO

If yes, please explain: _____

PRIOR ADDRESS INFORMATION

If you have lived less than 5 years in your current location, please list additional addresses:

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

Drivers License #: _____ State: _____ Expiration date: _____ Class: _____

Professional License (Title): _____ License #: _____

Date Obtained: _____ Date Expires: _____

EDUCATION / TRAINING

| | | | |
|-------------|----------|----------------|-------------------------------|
| School Name | Location | Years Attended | Degree/Certification Received |
| School Name | Location | Years Attended | Degree/Certification Received |
| School Name | Location | Years Attended | Degree/Certification Received |
| School Name | Location | Years Attended | Degree/Certification Received |
| School Name | Location | Years Attended | Degree/Certification Received |

Other training, certifications or licenses held:

List other information pertinent to the employment you are seeking:

Are you obligated to perform work for any other employer or are you enlisted in the armed forces requiring special commitments of schedule of work?

Have you signed a non-compete or any other document(s) that would affect your employment with Lasiter & Lasiter Plumbing?

MILITARY SERVICE RECORD

Were you in the U.S. Forces? ()YES ()NO If yes, what branch? _____

Dates of duty: FROM _____ TO _____ List duties in the service: _____

Include special training: _____

CURRENT AND/OR PREVIOUS EMPLOYMENT

List most recent first

1. **Employer:** _____ **Job Title:** _____

Dates Employed – **Beginning Date:** _____ **End Date:** _____

Prior position held within company, if any: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Supervisor's Name:** _____

Starting Wage: _____ **Ending Wage:** _____

Duties Performed:

Reason for Leaving:

2. **Employer:** _____ **Job Title:** _____

Dates Employed – **Beginning Date:** _____ **End Date:** _____

Prior position held within company, if any: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Supervisor's Name:** _____

Starting Wage: _____ **Ending Wage:** _____

Duties Performed:

Reason for Leaving:

ACKNOWLEDGEMENT AND AUTHORIZATION

3. Employer: _____ Job Title: _____

Dates Employed – Beginning Date: _____ End Date: _____

Prior position held within company, if any: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Starting Wage: _____ Ending Wage: _____

Duties Performed:

Reason for Leaving:

4. Employer: _____ Job Title: _____

Dates Employed – Beginning Date: _____ End Date: _____

Prior position held within company, if any: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Supervisor's Name: _____

Starting Wage: _____ Ending Wage: _____

Duties Performed:

Reason for Leaving:

REFERENCES

List 5 Business References: (Prefer business/work-related references and direct managers)

1. Name: _____ Phone: _____
Relationship to you: _____
2. Name: _____ Phone: _____
Relationship to you: _____
3. Name: _____ Phone: _____
Relationship to you: _____
4. Name: _____ Phone: _____
Relationship to you: _____
5. Name: _____ Phone: _____
Relationship to you: _____

BACKGROUND / LEGAL

Have you ever been convicted of any violation other than a minor traffic violation? ()YES ()NO

If so, provide the date of the incident and detailed information: _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? ()YES ()NO

Have you ever been convicted of a felony? ()YES ()NO If yes, please explain the circumstances:

Have you ever been involuntarily terminated or asked to resign from any position of employment? ()YES ()NO

If yes, please explain the circumstances: _____

Have you every filed a worker's compensation claim? ()YES ()NO If yes, please explain the circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? ()YES ()NO

ACKNOWLEDGEMENT AND AUTHORIZATION

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

It is the intent of Lasiter & Lasiter Plumbing to provide a safe and drug-free work environment for our customers and our employees. With this goal in mind, employment applicants are subject to a pre-employment drug screen and/or random drug testing while employed with the Company.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Background Check Authorization Form

First, Middle & Last Name: _____ SSN: _____

Current Home Address:

Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at your current address? _____ Provide previous address if less than 5 years

Previous Home Address:

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License Number: _____ State: _____

Have you ever been convicted of a crime other than minor traffic offenses? () YES () NO

If yes, please provide an explanation: _____

Location & Year of Offense: _____ Offense Type (Misdemeanor, felony, etc.) _____

This information is required in order to conduct an accurate criminal background search and will not be used as criteria in the hiring process as described age discrimination act of 1967.

In connection with my application and/or continued employment, (including contract services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report - including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release Lasiter & Lasiter Plumbing and any other person and/or agencies from any suits, liens, judgments, damage and or/liability resulting from this process. The above information is used solely for inquiries and criminal history checks. Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicants Signature: _____

Applicants Printed Name: _____ Date: _____

Fair Credit Reporting Act Notification You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

By checking this box, I request a free copy of the report.