

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

APPLICANT INFO

Full Name:			
Address:			
City:		State:	
Zip:		Phone:	
Mobile:		E-mail:	
Date available to start:		SSN#:	
Salary Requirements:			

Are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime? Yes No If yes, give dates & details

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position): State:

PREVIOUS EMPLOYMENT (BEGIN WITH MOST RECENT POSITION)

Dates of Employment: From: To:

Position(s) Held:

Company Name:

Address:

City State Zip Phone

Supervisor Title

Responsibilities _____

Starting Salary & Title Starting Salary & Title

Reason for Leaving

May we contact this employer for reference? Yes No

.....

Dates of Employment: From: To:

Position(s) Held:

Company Name:

Address:

City State Zip Phone

Supervisor Title

PREVIOUS EMPLOYMENT (BEGIN WITH MOST RECENT POSITION)

Responsibilities _____

Starting Salary & Title Starting Salary & Title

Reason for Leaving

May we contact this employer for reference? Yes No

.....

Dates of Employment: From: To:

Position(s) Held:

Company Name:

Address:

City State Zip Phone

Supervisor Title

Responsibilities _____

Starting Salary & Title Starting Salary & Title

Reason for Leaving

May we contact this employer for reference? Yes No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant

Date

Submit Application to: eric@hanlonplumbing.com with "Application" in the subject area. Thank you.