

# McGuire Plumbing & Heating, Inc. - Employment Application

Thank you for your interest in our company. McGuire Plumbing is an Equal Opportunity Employer, and all qualified Applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, age, citizenship, disability or any other basis of discrimination prohibited by applicable law. Unrequested information provided on application voids application.

**Please complete an Application even if a resume is attached. Thank you for your cooperation.**

Position applied for \_\_\_\_\_ Hours desired:  Full-time  Part-time  As needed  
 Date available for work \_\_\_\_\_ Shifts available:  Days  Evenings  Nights  Weekends  
 Date of Application \_\_\_\_\_ Days available:  M  T  W  Th  F  Sat  Sun

Personal			
Name _____	Social Security # _____ / _____ / _____		
Address _____	Home Phone ( _____ ) _____		
City / State / Zip _____	Work Phone ( _____ ) _____		
E-mail (home) _____	Cell Phone ( _____ ) _____		

Education & Training	Institution	City/State	Degree Earned
1. _____	_____	_____	_____
2. _____	_____	_____	_____
Licenses or Certifications			
	License #	State	Expiration Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
List other work-related skills or qualifications you believe will help you perform this job. _____			

General			
Have you ever worked for or filed an application with McGuire Plumbing and Heating Inc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list dates and explain: _____			
Have you been convicted of, pled guilty or pled "no contest" to any felonies or misdemeanors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. (Answering "yes" will not necessarily result in disqualification for employment consideration.)			
Are you currently under any pending investigation or charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has a license held ever been revoked, surrendered or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____			
Will you submit to a drug test, background check and physical exam (if required) as part of the employment process? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you worked under other names in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names _____			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you may be required to provide work authorization.			
Can you perform the essential functions of this job with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have any questions about the essential functions of the job, please ask the interviewer before answering question.			
Can you meet the attendance requirements of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (NOTE: Federal Law requires proof of U.S. citizenship or valid alien work authorization upon employment.)			
Do you know anyone who works for McGuire? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, whom? _____			
How did you learn of this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> McGuire Employee <input type="checkbox"/> Job Fair <input type="checkbox"/> Internet <input type="checkbox"/> Other _____			

# YOUR WORK HISTORY

*Please attach list of other employers as needed*

Dates of Employment  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_  
 To Current

Current Employer \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_  
 Supervisor's name and title \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Starting rate of pay \$ \_\_\_\_\_ Ending Rate of Pay \$ \_\_\_\_\_  
 May we contact this supervisor? \_\_\_\_\_

Dates of Employment  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_  
 To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_  
 Supervisor's name and title \_\_\_\_\_  
 Supervisor's current work phone (\_\_\_\_) \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Starting rate of pay \$ \_\_\_\_\_ Ending Rate of Pay \$ \_\_\_\_\_  
 May we contact this supervisor? \_\_\_\_\_

Dates of Employment  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_  
 To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Type of Business \_\_\_\_\_  
 Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_  
 Supervisor's name and title \_\_\_\_\_  
 Supervisor's current work phone (\_\_\_\_) \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Starting rate of pay \$ \_\_\_\_\_ Ending Rate of Pay \$ \_\_\_\_\_  
 May we contact this supervisor? \_\_\_\_\_

## YOUR REFERENCES (if not provided above - no personal or relative references)

Relationship <small>(i.e., Supervisor)</small>	Name & Job Title	Company	Home Phone	Work Phone	Cell Phone
			(____) _____	(____) _____	(____) _____
			(____) _____	(____) _____	(____) _____

### CERTIFICATION

I hereby certify that the facts set forth in this employment application (and accompanying resume, if applicable) are true and complete to the best of my knowledge, and I agree and understand that any misrepresentation of information or failure to disclose information on this employment application may disqualify me from further consideration for employment, and if employed, may subject me to dismissal.

If I am offered employment, I understand I may be required to submit to a physical examination designed to determine whether I am able, with or without reasonable accommodation, to perform the essential functions of the job offered, as specified by the company, and that employment is subject to passing the examination. I further understand that any misrepresentation of information or failure to disclose information at the time of my physical may result in employment disqualification or dismissal.

I understand that in connection with my application for employment, I will be subject to a complete background check and drug screen to determine my suitability for employment. I authorize McGuire Plumbing to obtain reference information on my work performance. I hereby release McGuire Plumbing from any and all liability at any time which could result from obtaining and making an employment decision based on such information.

Finally, in the event I am employed, I understand I am required to abide by all company rules and regulations as a condition of employment. I also acknowledge this application is not a contract of employment and nothing herein should reasonably be construed as such. I do acknowledge that if employed, absent a written employment contract executed by an officer of McGuire Plumbing my employment will be "at will" meaning either McGuire Plumbing or I may terminate the employment relationship at any time with or without cause.

Signature \_\_\_\_\_ Date \_\_\_\_\_