



APPLICATION FOR EMPLOYMENT

Superior Plumbing Services, Inc.

3991 Royal Drive, Kennesaw, GA 30144

Ph 770-422-7586 * Fax 770-795-9319

hr@superiorplumbing.com

Last Name:		First Name:		MI:	
Street or Mailing Address:					Apt. No.:
City:		State:	Zip Code:	County:	
Home phone:			Cell phone:		
Email address:				Today's Date:	

EMPLOYMENT ELIGIBILITY: To be employed by Superior Plumbing, you must meet certain eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country.

Are you a U.S. citizen? YES NO If NO, are you an alien authorized to work in the US? YES NO

POSITION APPLIED FOR:

AVAILABILITY: What date can you start?

For which category(ies) are you applying?

Full-time Part-time Temporary

For which schedules are you available?

Weekdays Evenings
 Weekends Nights
 Overtime Other _____

JOB-RELATED SKILLS: (Note: Do not fill out any part of this section you believe to be non-job-related.)

YES NO Do you have a current valid driver's license? DL#:
Name on license: State of Issue:
Type: Regular/Non-commercial Commercial Class: _____

YES NO Do you have other licenses or certifications that may be related to the position applied for? If so, list here.
Georgia Plumbing License #:

YES NO Can you perform the essential functions of this job with or without reasonable accommodation?

EDUCATION:

High School graduate or equivalent (GED)? YES NO City/State:

Name of College: City/State: Graduated? YES NO Degree:

Vocational or other additional education:

REFERENCES. Include only individuals familiar with your work skills. Do not include names of supervisors listed below or relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

PREVIOUS EMPLOYERS AND WORK HISTORY: Describe your work history below, beginning with your most recent job. Include military and volunteer experience. If you worked for the same employer in more than one position, describe each separately. Describe the specific duties, beginning with primary duties. Please give complete information regarding each job or it may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all the information requested in the Work History section below, please fill in that information on the application.

1. Most Recent Employer		Your Job Title	
Address		From (mo/yr)	To (mo/yr)
City	State	Zip Code	Annual salary or hourly wage
Your Supervisor's Name	Phone # () -	Are you currently working for this Employer? YES NO	If so, may we contact? YES NO
Reason for Leaving (or for considering leaving)			
Describe in detail your job duties			

Any related Computer Skills			

2. Second Most Recent Employer		Your Job Title	
Address		From (mo/yr)	To (mo/yr)
City	State	Zip Code	Annual salary or hourly wage
Your Supervisor's Name	Supervisor's phone # () -		
Reason for Leaving			
Describe in detail your job duties			

Any related Computer Skills

WORK HISTORY (continued):

3. Third Most Recent Employer	Your Job Title	
Address	From (mo/yr)	To (mo/yr)
City State Zip Code	Hours per week	Annual salary or hourly wage
Your Supervisor's Name	Supervisor's phone # () - -	
Reason for Leaving		
Describe in detail your job duties _____ _____ _____ _____ _____		
Any related Computer Skills		

4. Fourth Most Recent Employer	Your Job Title	
Address	From (mo/yr)	To (mo/yr)
City State Zip Code	Hours per week	Annual salary or hourly wage
Your Supervisor's Name	Supervisor's phone # () - -	
Reason for Leaving		
Describe in detail your job duties _____ _____ _____ _____ _____		
Any related Computer Skills		

APPLICANT NOTE. This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during an interview and/or on this form are grounds for terminating the application process or, if discovered after hiring, for terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. After an offer of employment, you will be required to submit to a drug screen. You will also be required to complete a medical history form and, depending on the needs of the job, you may be required to be examined by a medical professional designated by the company.

CERTIFICATION AND RELEASE. I certify that I have read and understand the “Applicant Note” (above) and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. When company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Print full name:	Signature:	Date:
------------------	------------	-------

ADDITIONAL COMMENTS:

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Last Name	First Name	MI
Title of job applied for:		
Ethnic Background (Check One):		Gender (Check One):
<input type="checkbox"/> Native American		<input type="checkbox"/> Male
<input type="checkbox"/> White, not of Hispanic origin		<input type="checkbox"/> Female
<input type="checkbox"/> Hispanic		
<input type="checkbox"/> Black, not of Hispanic origin		
<input type="checkbox"/> Asian, not of Hispanic origin		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Multi-racial		
<input type="checkbox"/> Other		

<p style="text-align: center;">Veteran/US Military Status:</p> <p><input type="checkbox"/> Special Disabled Veteran</p> <ol style="list-style-type: none">1. A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or2. A veteran who was discharged or released from active duty because of a service-connected disability. <p><input type="checkbox"/> Vietnam Era Veteran</p> <ol style="list-style-type: none">1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty occurred (a) In the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases; or2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed (a) In the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases. <p><input type="checkbox"/> Other Protected Veteran</p> <ol style="list-style-type: none">1. Other protected veteran is defined as a veteran who served in the military, ground, naval, or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

PERSONAL AND CONFIDENTIAL

This page contains sensitive information. Keep only in a secure file, separate from other personnel records!

CONSUMER AUTHORIZATION

- I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc. (GIS), on behalf of Superior Plumbing Services, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Superior Plumbing's consideration of me for employment, promotion or position re-assignment or contract now or at any time during my tenure with Superior Plumbing. By my signature below, I give my full consent for this information to be obtained.
- II. If applicable, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
- III. According to the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- IV. I acknowledge that a facsimile (fax) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state, and county agencies.
- V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by GIS to furnish the information described in Section I.
- VI. I understand that upon proper identification, I have the right to make a request of GIS, within a reasonable amount of time, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that GIS has previously furnished. Communications with GIS should be directed to PO Box 353, Chapin, SC 29036 or (866) 265-4917.

APPLICANT MUST COMPLETE THE FOLLOWING:

Print full name	Signature	Date
Date of Birth (month/day/year)	Social Security Number	
Home address	City	State Zip
Driver's License Number and State	Name as it appears on License	
Have you had any driving violations within the past seven years? YES NO		If so, please describe.
<hr/> <hr/>		
Have you ever been convicted of a crime? YES NO		
If yes, please provide city, state, and date of conviction and details of conviction. Applicant is not obligated to discuss any reference to a pre- or post-trial diversion program, any conviction which has been sealed, expunged, or erased by the court.		
<hr/> <hr/>		

FAIR CREDIT REPORTING ACT NOTICE: In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. A status of updates is available upon request. Although every effort has been made to assure accuracy, General Information Services, Inc. (GIS) cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. GIS's policy requires purchasers of these reports to have signed a Service Agreement. This assures GIS that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the

application process, have the candidate/employee contact General Information Services, Inc.