

BUZZELL PLUMBING, HEATING, & AC INC.
APPLICATION FOR EMPLOYMENT-EQUAL OPPORTUNITY EMPLOYER

Position(s) applied for _____ Date: _____
 Wage Desired _____ Available date: _____

Personal data- (Please Print)

Last Name	First Name	Middle Initial	Social Security #										
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>										
Home Phone		Mobile/Beeper/Other Phone											
Address													
Street	City	State	Zip Code										
How long have you lived at this address?													
Who referred you to this company?													
Have you ever worked here before? If yes, Reason for leaving.													

Do you have a VALID GA driver's license? _____
 License # _____ exp date _____

- Are you legally eligible for employment in this country? Yes No
- Are you able to meet the attendance requirements for the position? Yes No
- *Have you been found guilty of a traffic violation of any kind in the last 5 years? Yes No
 If yes, please give dates and details. _____
- *Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No
 If yes, please give dates and details. _____
- *Do you have any objections to a pre-employment drug screen? Yes No
- *Are you affiliated with any temp agencies? Yes No If so, please list: _____

Do you have any medical conditions that would limit your ability to perform the labor (Ex. Lifting, standing, etc.) required for this job? If yes, explain.

Are you 18 Years of age or older? Yes No

Highest Education Level (High school, College, Tech. Etc) _____

*Note: Answering "yes" does not constitute an automatic bar to employment

Skills & Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position in which you are applying.

Work Experience - List present and former employers beginning with the most recent

From	To	Employer	Phone
Job Title		Address	
Immediate supervisor & Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/Salary	
		Final\$ _____ per ___ hour ___ week ___ month ___ year	

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Personal References (Not relatives)

NAME	PHONE	YEARS KNOWN

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTERESTS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.
 I GIVE THE EMPLOYER THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM MY FORMER EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.
 IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR AN EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATION OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

YOUR SIGNATURE ACKNOWLEDGES YOU HAVE READ AND AGREE TO THE MATERIAL ABOVE,

APPLICANT'S SIGNATURE _____ DATE: ____ / ____ / ____