Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

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APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE	PAGES 1-4.		DATE _		
Name					
	Last	First	Middle		Maiden
Present address					***************************************
	Number	Street	City State	Zip	
How long					
Telephone ()	TOTAL STATE AND ADDRESS AND AD				
lf under 18, please list	age				
			Days/hours ava	ailable to work	
				Thur	
and salary desired (2 ₎ (Be specific)			Mon	Fri Sat	
(De specific)			Wed	Sun	
How many hours can y	ou work weekly?		Can you work	nighte?	
	FULL-TIME ONLY	PART-TIME	ONLYF	·ULL- OR PART-	IIME
When available for wor	k?				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION		OF YEARS	MAJOR &
TYPE OF SCHOOL	NAME OF SCHOOL	(Complete mailing		OF YEARS PLETED	MAJOR & DEGREE
Control of the Contro	NAME OF SCHOOL	The state of the s		- manual transfer and the second seco	
ligh School	NAME OF SCHOOL	(Complete mailing		- manual transfer and the second seco	
ligh School	NAME OF SCHOOL	(Complete mailing		- manual transfer and the second seco	
ligh School College	NAME OF SCHOOL	(Complete mailing		- manual transfer and the second seco	
ligh School College Bus. or Trade School	NAME OF SCHOOL	(Complete mailing		- manual transfer and the second seco	
TYPE OF SCHOOL High School College Bus. or Trade School Professional School	NAME OF SCHOOL	(Complete mailing		- manual transfer and the second seco	
High School College Bus. or Trade School	NAME OF SCHOOL	(Complete mailing		- manual transfer and the second seco	
ligh School College Fus. or Trade School Professional School	NAME OF SCHOOL NOTE: The second of the seco	(Complete mailing address)		PLETED	
High School College Bus. or Trade School Professional School HAVE YOU EVER BEE	N CONVICTED OF A CR	(Complete mailing address) IME? No	Yes	PLETED	DEGREE
High School College Bus. or Trade School Professional School HAVE YOU EVER BEE		(Complete mailing address) IME? No offense(s) leading to complete mailing address.	Yes	PLETED	DEGREE

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EXCEPT SIGNATURE			
	APPLICATION FOR EMPL	OYMENT	
DO YOU HAVE A DRIVER'S LICENSE?	Yes No		
What is your means of transportation to work	(?		
Driver's license number		Operator Con	nmercial (CDL) Chauffeur
Expiration date			
Have you had any accidents during the past Have you had any moving violations during the			nany? //any?
Thave you had any moving violations during to			narry :
	OFFICE ONLY		
Yes Typing No WPM	Yes 10-key No	Word Processing	
Personal Yes PC	Other _		
Computer No Mac	Skills		
			
Please list two references other than relative	s or previous employers.		
Name	Name _		
Position	Position		
Company			
Address			rimano e minora e de constante d
-		3	
Telephone ()	Telepho	ne (<u>)</u>	
An application form sometimes makes it diffices space below to summarize any additional information which you are applying.			

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EXCEPT SIGNATURE	OD EMBLOVMENT				
APPLICATION FOR EMPLOYMENT					
MILITARY					
HAVE YOU EVER BEEN IN THE ARMED FORCES?	HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	Yes	No			
Specialty Date Entered Discharge Date					
Work Please list your work experience for the past Experience If you were self-employed, give firm name.	five years beginning	with your most recent ets if necessary.	job held.		
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
There hamber		То	Final		
	Your last job title				
Reason for leaving (be specific)	<u> </u>	Mark to the state of the state			
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	Your Last Job Title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, company.	advancements or pror	notions while you wor	ked at this		

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If not, who did?

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APPLICATION FOR EMPLOYMENT Work Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. experience Name of employer Name of last **Employment dates** Pay or salary Address supervisor City, State, Zip Code From Start Phone number То Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. **Employment dates** Name of employer Name of last Pay or salary Address supervisor City, State, Zip Code From Start Phone number To Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. May we contact your present employer? __ Yes __ No Did you complete this application yourself __ Yes __ No

Miracle Plumbing, Heating & Cooling Co Inc is an Equal Opportunity Employer, committed to employing individuals without regard to race, color, age, sex, marital status, religion, creed, national origin, ancestry, or handicap.

Applicant's Certification and Authorization

Please read this statement carefully

I understand and agree that, if I am employed by Miracle Plumbing, Heating, & Cooling Co Inc., my employment is for no definite period of time and can be terminated without cause or notice at any time at the option of either, Miracle Plumbing, Heating, & Cooling Co Inc. or myself. I understand that no representative of Miracle Plumbing, Heating, & Cooling Co Inc. other than an officer has any authority to enter into any agreement for any employment for any specified period of time or to make any agreement with me contract to the foregoing, except that an office of Miracle Plumbing, Heating & Cooling Co Inc. may do so in writing.

I further agree to take any lawful medical or honesty examination required by Miracle Plumbing, Heating, & Cooling Co Inc. upon receiving a conditional offer of employment by Miracle Plumbing, Heating, & Cooling Co Inc., or after I am hired as a condition of my continued employment. I agree that my refusal to take any such lawful examination may be cause for termination of my employment. I further understand that Miracle Plumbing, Heating, & Cooling Co Inc. will require a pre-employment drug test for illegal substances and that Miracle Plumbing, Heating, & Cooling Co Inc. will not hire any applicant who tests positive or refuses to consent to pre-employment drug testing. I further understand that an employee who tests positive for illegal drugs or alcohol usage during work hours or who refuses to consent to drug and alcohol testing is subject to discharge.

I release all persons or companies conduction any lawful medial or honesty examination from any liability.

I also agree to take any lawful honesty detection examination and I release all persons or companies conducting such examination from any liability.

I certify that the facts contained in the Application are true and complete and understand that if I become employed, any false information I may have provided on the Application shall be grounds for my dismissal. I also understand that I am required to abide by all rules and regulations of Miracle Plumbing, Heating, & Cooling Co Inc.

1 IDDITECTION DISTINCTOR	App	licant's	Signature
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