

Smith Plumbing Services, Inc.

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Piedmont, AL 36272
Phone: (256) 447-9200
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www.spsinc1.com

PLUMBING EMPLOYMENT APPLICATION

(Please Print Clearly – complete all 3 pages)

Application Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ ext. ____ Cell Phone: ____ - ____ - ____

Email Address: (if available) _____

How did you hear about our company? _____

Employment Information

Citizenship/Work Status: U.S. Citizen Green Card Holder U.S. Work Permit/Visa Canadian Citizen Canadian Work Permit/Visa

Current Employer: (if any) _____

Years of Work Experience directly related to the position you are applying for: _____

When are you available to startwork? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except any minor traffic violations)? No Yes

If yes, please explain and attach any relevant documentation. _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

Drivers License Information

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

Do you have reliable transportation to work (please be specific)? _____

Driver's license number: _____ State of Issue: _____

Operator Commercial (CDL) Chauffeur

Do you have a clean driving record? Yes No

List any Moving Violations and/or Accidents from the last 3 years: _____

Military Service

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No Branch: _____

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD or RESERVES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the past 5 years beginning with your most recent job.

If you were self-employed, give firm name. Attach additional sheets if necessary. Attach Resume if applicable.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From To	Start Final
Phone:	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From To	Start Final
Phone:	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer: Address with city/state/zip: Phone:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever filed a claim for general liability/worker's compensation insurance? Yes No Please Explain. _____

Any known medical conditions? Yes No Please Explain. _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Smith Plumbing Services, Inc. creates an actual or implied contract of employment. I understand that, if I accept employment with Smith Plumbing Services, Inc., it will be on an at-will basis. This means that either Smith Plumbing Services, Inc. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Smith Plumbing Services, Inc.. I release Smith Plumbing Services, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Smith Plumbing Services, Inc. to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release Smith Plumbing Services, Inc. and its employees from all liability arising from such investigation.

Signature of Applicant: _____ **Date:** ____ / ____ / ____

Print Name: _____

Smith Plumbing Services, Inc. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Smith Plumbing Services, Inc. depends solely on your qualifications.