



Drain Openers Employment Application

Please download, complete, and return via email to stdrainopeners@gmail.com or upload online.

Applicant Information

1. First Name
2. Middle Initial
3. Last Name
4. Street Address
5. City
6. State
7. ZIP Code
8. Phone
9. Email
10. Legally eligible to work in the U.S.? (Yes/No)
11. Valid driver's license? (Yes/No)
12. CDL? (Yes/No)
13. CDL Endorsements
14. Manual trans. endorsement? (Yes/No)
15. Can lift 50 lbs? (Yes/No)
16. Comfortable with heights/ladders? (Yes/No)

17. Emergency Contact Name

18. Emergency Contact Phone

Employment History (Most Recent 3 Jobs)

Company 1 Name

Position / Title

Dates Employed (MM/YY - MM/YY)

Brief Description of Responsibilities

Company 2 Name

Position / Title

Dates Employed (MM/YY - MM/YY)

Brief Description of Responsibilities

Company 3 Name

Position / Title

Dates Employed (MM/YY - MM/YY)

Brief Description of Responsibilities

Questionnaire

Why do you want to work here?

Describe a time you fixed something creatively.

Do you prefer working solo or on a team?

Are you okay receiving job info by phone/tablet?

Certification and Acknowledgment

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination. I authorize the company to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure. I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Applicant Signature (type full name)

Date (MM/DD/YYYY)