

Ritter Plumbing Co., Inc.
Application for Employment
(An Equal Opportunity Employer)

In compliance with Federal and State equal employment opportunity laws, Ritter Plumbing Co., Inc does not discriminate because of race, color, religion, sex, national origin, age, marital status, or disability.

Date of Application _____

Position(s) applied for _____

Name _____ Social Security No. _____

Address _____
Street City State Zip

Home Phone Number _____ Mobile Phone Number _____

Education

Circle Highest Grade Completed:

Grade School 1 2 3 4 5 6 7 8 9 High School 9 10 11 12 College 1 2 3 4

Last School Attended:

Name _____ City _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information for all employers during the preceding three years. Applicants to drive a commercial motor vehicle in intrastate commerce shall also provide seven years additional information for those employers for whom the applicant operated such vehicle. This vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Note: List employers in reverse order starting with the most recent

Employer Name:	Phone No.				
Address					
Dates of Employment					
From	Month	Year	To	Month	Year
Position Held		Reason for leaving			

Employer Name	Phone No.				
Address					
Dates of Employment					
From	Month	Year	To	Month	Year
Position Held		Reason for leaving			

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES			
State	License Number	Type	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes_____ No_____
2. Has any license, permit or privilege ever been suspended or revoked?
Yes_____ No_____

If the answer to 1 or 2 is yes, attach a statement giving details.

List special courses or training that will help you as an employee for Ritter Plumbing Co., Inc..

List special equipment or technical materials you can work with (other than those already shown)._____

ACCIDENT RECORD FOR THE PAST 3 YEARS

(Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
(OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

PHYSICAL HISTORY

Are you physically capable of doing heavy manual work? Yes _____ No _____

How much time lost from work in the past three years? _____

Would you be willing to take a physical examination? Yes _____ No _____

Would you be willing to take a drug and alcohol test? Yes _____ No _____

Have you been drug and alcohol tested by a previous employer? Yes _____ No _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Ritter Plumbing Company Inc., as permitted by law.

Signature

Date

Do not complete this section. For Ritter Plumbing Co., Inc.'s use only

Applicant Hired _____ Rejected _____
Date Employed _____ Point Employed _____
Department _____ Classification _____
(If rejected, a summary report of reasons should be placed in this file)

This section to be filled out by Ritter Plumbing Co., Inc. Representative

	Superior	Good	Fair	Below Average	Poor	Written record on file
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Police and Traffic Record						

Signature of Interviewing Officer _____ Date _____

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination report placed on file _____ Supervisor _____

