

# The Polite Plumber

EST. 1948

We'll never ask how it happened!  
973-398-0875

124 Hillcrest Avenue, Ledgewood NJ 07852

License No. 10597

## PRE-EMPLOYMENT APPLICATION

The Polite Plumber, LLC is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until **all** questions have been answered. This questionnaire is a pre-employment application only.

PERSON-

DATE: \_\_\_\_\_

Name:

Last

First

Middle

Home Phone:(     )

AC

Present Address:

No.

Street

City

State

Zip

Social Security No.:

Are you over 18?

Yes

No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?

Yes

No

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI?

Yes

No

If yes, state the offense, location, date and disposition \_\_\_\_\_

Who should be contacted in case of an emergency?

(     ) -

Name and Phone Number

Street Address

City

State

Zip

Drivers License : State

Number

Type

EMPLOYMENT DESIRED

Are you seeking

Full Time

Part Time

Temporary or Summer Employment

Position applied for \_\_\_\_\_

Salary Desired \_\_\_\_\_

Have you ever applied with us before?  Yes  No Date available to start: \_\_\_\_\_

Have you ever worked here before?  Yes  No If you ever applied or worked for us, state when and where you applied and/or worked. \_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

Are you now or do you expect to be involved in any other business or employment?  Yes  No

Are there any days or hours you would be unable or unwilling to work?  Yes  No

**MILITARY**

Have you ever served in the military?  Yes  No Service Branch \_\_\_\_\_

What was your occupational speciality (MOS)? \_\_\_\_\_

What special training did you receive that may help you if employed by us? \_\_\_\_\_

**PERSONAL/HEALTH**

Can you lift a minimum of 70 lbs?  Yes  No

Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alterations to the company?  Yes  No

Have you used any illegal drug, including marijuana, in the last twelve months?  Yes  No

Have you ever had a conviction for; driving while intoxicated, or under the influence of drugs or alcohol? (If yes, when \_\_\_/\_\_\_/\_\_\_)  Yes  No

Are you willing to take a physical exam and a drug screen at our expense?  Yes  No

How many days leave did you take last year? \_\_\_\_\_

How many Fridays & Mondays did you take as leave last year? \_\_\_\_\_

**EDUCATION**

High School	Graduate Yes No	Courses Studied:
College	Graduate Yes No	Courses Studied:
Trade School	Graduate Yes No	Courses Studied:

In the Lines Provided Please List Your Strengths and Weaknesses. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you planning to pursue further studies?  Yes  No If so, when and what courses: \_\_\_\_\_

List any scholastic honors, offices held and activities involved in during high school or college: \_\_\_\_\_

List and describe any other School or Specialized Training: \_\_\_\_\_

### WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From: Mo. _____	To: Mo. _____	Starting \$ _____
Telephone Area Code (      )	Nature of Business	Yr. _____	Yr. _____	Ending \$ _____
Title	<b>Reason for Leaving</b>			
Duties				

Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From: Mo. _____	To: Mo. _____	Starting \$ _____
Telephone Area Code (      )	Nature of Business	Yr. _____	Yr. _____	Ending \$ _____
Title	<b>Reason for Leaving</b>			
Duties				

Name of Employer Address City, State, Zip	Name and Title of Last Supervisor	Date Employed		Pay
		From: Mo. _____	To: Mo. _____	Starting \$ _____
Telephone Area Code (      )	Nature of Business	Yr. _____	Yr. _____	Ending \$ _____
Title	<b>Reason for Leaving</b>			
Duties				

Have you ever worked under another name, please give that name: \_\_\_\_\_

Are you presently employed?

Yes  No

If yes, may we contact your present employer?

Yes  No

**SPECIAL SKILLS:**

Do you type?  Yes  No Words Per Minute \_\_\_\_\_

Do you take Shorthand?  Yes  No Words Per Minute \_\_\_\_\_

Have you had any computer or word processing experience or training?  Yes  No

If yes, please describe the extent: \_\_\_\_\_

What languages do you speak and or write fluently? \_\_\_\_\_

Use the space below to describe why you are interested in working for us list the skills and abilities which you feel particularly qualify you for a position with us. Please attach a resume if you have one available. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS.

Name	Address	Phone	Occupation

**AFFIDAVIT**

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will. I further understand that I will be given an "employee handbook" outlining our rules and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPANY USE ONLY**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Interviewers Remarks: \_\_\_\_\_

\_\_\_\_\_