best plumbing

Corporate Office
4129 Stone Way N, Seattle, WA 98103
Phone: (206) 633-1700 Fax: (206) 633-2202

NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION

INFORMATION		

LAST NAME:	FIRST NAME:	MIDDLE IN:

PRESENT ADDRESS:	CITY:	STATE:	ZIP:

HOME PHONE:	CELL:	E-MAIL:

POSITION APPLIED FOR?

WAGE/SALARY DESIRED?   DATE AVAILABLE FOR WORK?

AVAILABLE: ☐ Days   ☐ Evenings   ☐ Nights   APPLYING FOR: ☐ Full time   ☐ Part time   ☐ Temporary

Will visa or immigration status prevent lawful employment?   ☐ Yes   ☐ No (Proof of right to work in the U.S. will be required if hired.)

Are you 18 years or older?   ☐ Yes   ☐ No   (If no, employment is subject to minimum legal age requirements.)

Have you been convicted of a felony or released from prison within the past 10 years for an offense that may reasonably relate to the job duties of the position for which you are applying? (A conviction may not necessarily disqualify you from employment.)
☐ Yes   ☐ No   If yes, please indicate the date and nature of the offense:

Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us?   ☐ Yes   ☐ No

Have you ever previously applied to or been employed by this company?   ☐ Yes   ☐ No   If yes, when?

How did you learn about this position opening?

Were you known by any other name at any job or school listed on this application? What name(s)?

At which school(s)/employer(s) were you known by this other name?

EDUCATION				
	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Trade, Business, or Graduate school				

SKILLS

☐ Typing ____ wpm   ☐ Ten-key   ☐ Receptionist # incoming lines _____   ☐ Supervision (yrs of experience) _____

Proficient at: ☐ Excel   ☐ Word   ☐ Access   ☐ PowerPoint   ☐ Outlook   ☐ Other _____

Indicate other skills related to the position you are seeking:
_____
_____
_____

PROFESSIONAL REFERENCES			
Please list three persons, other than relatives, who we may contact about your professional work experience.			
Name	Years Known	Relationship	Telephone Number

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please list your employment history below beginning with the most recent employer, include U.S. military service.

If currently employed, may we contact your employer? ☐ Yes ☐ No

Employer _____ Type of business _____ Telephone ( ) _____

City _____ State _____ Fax: ( ) _____

Job Title _____ Supervisor _____ Telephone ( ) _____

Dates Employed: From _____ To _____ Reason for leaving _____ Wage/Salary _____

Duties _____

_____

Employer _____ Type of business _____ Telephone ( ) _____

City _____ State _____ Fax: ( ) _____

Job Title _____ Supervisor _____ Telephone ( ) _____

Dates Employed: From _____ To _____ Reason for leaving _____ Wage/Salary _____

Duties _____

_____

Employer _____ Type of business _____ Telephone ( ) _____

City _____ State _____ Fax: ( ) _____

Job Title _____ Supervisor _____ Telephone ( ) _____

Dates Employed: From _____ To _____ Reason for leaving _____ Wage/Salary _____

Duties _____

_____

Employer _____ Type of business _____ Telephone ( ) _____

City _____ State _____ Fax: ( ) _____

Job Title _____ Supervisor _____ Telephone ( ) _____

Dates Employed: From _____ To _____ Reason for leaving _____ Wage/Salary _____

Duties _____

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize the Company to which I am providing this application (Company) and/or PMSI to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including the Company and PMSI) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release the Company and PMSI from any liability for future references it may provide regarding my work history with the Company.

Due to the large number of applications that Best Plumbing receives, I understand Best Plumbing cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment and compensation may be terminated, at any time, with or without notice, by either party.

_____   _____
Signature of Applicant   Date