



# Application for Employment

(An Equal Opportunity Employer)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Human Resources.

**Benjamin Plumbing, Inc. requires all individuals it intends to hire to be drug-free.**

**Passing a pre-employment drug test is a condition of employment.**

(Please Print)

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number: (\_\_\_\_)\_\_\_\_\_ Referred by: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Start date available: \_\_\_\_/\_\_\_\_/\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:  Weekends  Holidays  Nights  Overtime

Are you employed now?  Yes  No If so, may we contact your present employer?  Yes  No

Have you previously worked for or applied to Benjamin Plumbing?  Yes  No

Dates of employment/application with Benjamin Plumbing: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

Are you 18 years of age or older?  
 Yes  No

If you are under 18, can you furnish a work permit?  
 Yes  No If no, please explain \_\_\_\_\_

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

**References**

Identify three persons who are not related to you, know your work, and whom you have known at least one year. Begin with the most recent.

Name:		Position or Title:	
Address:			Years Known:
Phone:	E-mail:		
Name:		Position or Title:	
Address:			Years Known:
Phone:	E-mail:		
Name:		Position or Title:	
Address:			Years Known:
Phone:	E-mail:		
Name:		Position or Title:	
Address:			Years Known:
Phone:	E-mail:		

**Education**

Name and Location	Graduated?	Course of Study	Average Grade
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical School:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-Graduate Education:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other education, training or special skills:			

**Work Experience** Provide the following information for your past four (4) employers, assignments or volunteer activities, beginning with the most recent.

Employer:		Phone:	
Address:			
E-mail:		From	To
Supervisor's Name & Title:	Position Held:	Reason for Leaving:	
Description of Duties:			
Starting Compensation:	Final Compensation:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Phone:	
Address:			
E-mail:		From	To
Supervisor's Name & Title:	Position Held:	Reason for Leaving:	
Description of Duties:			
Starting Compensation:	Final Compensation:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Phone:	
Address:			
E-mail:		From	To
Supervisor's Name & Title:	Position Held:	Reason for Leaving:	
Description of Duties:			
Starting Compensation:	Final Compensation:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Phone:	
Address:			
E-mail:		From	To
Supervisor's Name & Title:	Position Held:	Reason for Leaving:	
Description of Duties:			
Starting Compensation:	Final Compensation:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Phone:	
Address:			
E-mail:		From	To
Supervisor's Name & Title:	Position Held:	Reason for Leaving:	
Description of Duties:			
Starting Compensation:	Final Compensation:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## **Authorization and Acknowledgements**

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

**This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.**

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

## Driver Information

Please provide the following information if you are applying for a position which requires driving responsibilities.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Provide your address for the past three years:

Address: \_\_\_\_\_ How long? \_\_\_\_\_  
(Street) (City) (State) (Zip)

Address: \_\_\_\_\_ How long? \_\_\_\_\_  
(Street) (City) (State) (Zip)

Address: \_\_\_\_\_ How long? \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 (attach additional sheet if more space is needed)

### Drivers License Information

State	License No.	Type	Expiration	Date of Birth

### Driving Experience

Class of Equipment	Type of Equipment	From	To	Approx. # of miles
Straight Truck				
Tractor/Semi Trailer				
Tractor/Two Trailer				
Other				

### Accident Record for past 5 years

Dates	Nature of Accident (head-on, rear-end, etc.)	Fatalities	Injuries
Last Accident			
Previous			
Previous			
Previous			
Previous			
Previous			

### Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

(attach additional sheet if more space is needed)

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

(If the answer to either of these questions is yes, attach a statement giving details.)

**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.**

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