

BUZZELL PLUMBING-HEATING-AIR, INC.
APPLICATION FOR EMPLOYEMENT-EQUAL OPPORTUNITY EMPLOYER

Positions applied for: _____	Date: _____
Wages desired: _____	Available start date: _____

Personal Data (Please Print Clearly)

Last Name	First Name	Midle Initial
_____	_____	_____

Cell Number	Email
_____	_____

Address

Street:	City:	State:	ZipCode:
_____	_____	_____	_____

How long have you lived at this address? _____

Who refered you to apply for Buzzell? _____

Have you ever worked for Buzzell before? _____ If Yes, reason for leaving. _____

Do you have a valid Driver's license? _____ License Number: _____

Expiration Date: _____

Are you legally eligible for employment in this country? ___ Yes ___ No

Are you able to meet the attendance requirements of this position? ___ Yes ___ No

Have you been found guilty of a traffic violation of any kind in the past 5 years? ___ Yes ___ No

If yes, please give date and charges. _____

Do you have any objections to a pre-employment drugscreen? ___ Yes ___ No

Are you at least 18 years of age? ___ Yes ___ No

Your highest education level completed (circle one): GED, High School, College, Technical Certificate, Other

Do you have any medical conditions that may limit your ability to perform the labor (Ex. Lifting, Standing, Climbing, etc.) required for this job? ___ Yes ___ No

*Note: Answering "yes" does not constitute an automatic bar to employment.

Skills and Qualifications

Summerize any training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position in which you are applying.

Work Experience - List present and past employers beginning with the most recent

From:	To:	Employer:	Job Title:
_____	_____	_____	_____
Phone: _____		Address: _____	
Immediate Supervisor: _____		Hourly rate/Salary: _____	
Nature of work/Job responsibilities: _____			

Reason for leaving: _____			

From:	To:	Employer:	Job Title:
Phone:		Address:	
Immediate Supervisor:		Hourly rate/Salary:	
Nature of work/Job responsibilities: _____			
Reason for leaving: _____			

From:	To:	Employer:	Job Title:
Phone:		Address:	
Immediate Supervisor:		Hourly rate/Salary:	
Nature of work/Job responsibilities: _____			
Reason for leaving: _____			

Personal References (Not relatives)			
Name:	Relationship:	Phone:	Years Known:

Please read carefully before signing.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTEREST IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYEMENT. I GIVE THE EMPLOYER

THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM MY EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINED DURATION. I UNDERSTAND THAT NO REPRESENTATION OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AUTHORIZED OFFICER. I UNDERSTAND IT IS THE COMPANY'S POLICY NOT TO REFUSE

TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA. I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

YOUR SIGNATURE ACKNOWLEDGES YOU HAVE READ AND AGREE TO THE MATERIAL ABOVE,

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY
Proceed to next steps: Y _____ N _____
If yes, Hourly wage/Salary: _____
Manager signature: _____