

PEED PLUMBING, INC.
11721 Pump Station Way, Manassas, Virginia 20109
571-229-1234 (phone) 571-229-1220 (fax)

Application for Employment

Position(s) for Which You Are Applying Select One...

Available Start Date: _____ Salary Desired: _____ Per Year

Name _____

Other Names Used _____ Social Security Number _____ — —

Home (Street) Address _____ City _____ State _____ ZIP _____

Home Telephone () - _____ Other Telephone at Which We May Contact You: () - _____

How did you hear about our company? **Select one...**

Have you ever applied to Peed Plumbing Before? **Select One...** When?

Employment History:

If submitting a resume please initial here if it's okay to contact references:

Start Date: January **End Date:** January

Company Name:

Address: City: State: Zip:

Position Held /Responsibilities:

Reason for Leaving: Involuntary Voluntary

Supervisor's Name: Title: Phone Number: () - Ext:

May we contact this person: Yes No

Start Date: January **End Date:** January

Company Name:

Address:

Position Held /Responsibilities:

Reason for Leaving: Involuntary Voluntary

Supervisor's Name: Title : Phone Number: () - Ext:

May we contact this person: Yes No

Start Date: January **End Date:** January

Company Name:

Address:

Position Held /Responsibilities:

Reason for Leaving: Involuntary Voluntary

Supervisor's Name: Title : Phone Number: () - Ext:

May we contact this person: Yes No

Education:

School/Institution Name & Address (City & State are Sufficient)	Nature of Studies	Degree/Certificate Obtained

Other Relevant Experience:

References:

Name of Reference	Address	Daytime Phone Beginning w/ Area Code	How long have you known this person?	Nature of Relationship
		() -		
		() -		
		() -		

Do you have any physical defects that preclude you from performing any work for which you are being considered? Yes No

Have you ever been convicted of a felony? *Conviction will not necessarily disqualify and applicant from employment.* Yes No

If yes, please explain the circumstances:

PLUMBER SKILLS CHECK LIST

Please complete this page if applying for a plumber or plumber helper position.

FROM A SCALE 01-10 HOW DO YOU RATE YOUR KNOWLEDGE ON INSTALLING OR REPAIRING THE FOLLOWING JOB DESCRIPTION?

GENERAL REPAIR – RESIDENTIAL	01	GENERAL REPAIR – COMMERCIAL	01
DRINKING FOUNTAINS	01	POLYBUT. PIPE REPAIR	01
POUR A LEAD JOINT OR FLG.	01	HYDRONIC HEATING	01
COMM. WATER HEATERS REPAIR	01	COMM. WATER HEATER INSTALLS	01
ELEC WATER HEATERS REPAIR	01	ELEC WATER HEATERS INSTALLS	01
APOLLO WATER HEATERS REPAIR	01	APOLLO WATER HEATERS INSTALLS	01
POWER VENT WTR HTRS REPAIR	01	POWER VENT WTR HTRS INTALLS	01
GAS WATER HEATERS REPAIR	01	GAS WATER HEATERS INSTALLS	01
RUN BACKHOE	01	WATER SERVICES	01
SEPTIC SYSTEMS	01	WELL SYSTEMS	01
GAS SYSTEMS –LOW PRESSURE	01	OUTSIDE SEPTIC & CNTL. PANEL	01
GAS SYSTEMS – 2LB	01	SIZING AND INSTALLING GAS SYS	01
INSIDE SEWER EJECTORS	01	TOILET STOPPAGES	01
SMALL DRAIN STOPPAGES	01	MAIN SEWER STOPPAGES	01
JETTING DRAIN LINES	01	CAMERA DRAIN LINES	01
WATER SOFTENERS	01	GROUNDWORK	01
WATER PIPING	01	SETTING FIXTURES	01
WASTE AND VENT WORK	01		

FROM A SCALE 01-10 WHICH EQUIPMENT ARE YOU ABLE TO USE:

TOILET AUGER	01	K-38 OR TUB SNAKE	01	K-50	01
K-1500	01	GENERAL MACHINE	01	TEAL PUMP	01
CRIMPERS	01				

How many years of experience in the plumbing field?

Do you consider yourself: A. New work plumber B. Service plumber C. Both

Do you carry any of the following licenses? Master Plumber Journeyman Plumber None

If you do carry any of the licenses, please bring a copy to the interview.

Additional plumbing skills not listed:

OFFICE USE ONLY

NAME: _____ EMP#: _____ DATE: ____ / ____ / ____

LICENSE NUMBER: _____

MANAGER: _____ DATE: ____ / ____ / ____

In order for us to be able to process your application, please review and initials each of the statements below:

I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time.

I authorize you to conduct a criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying—except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of this application.

I understand and agree that my employment relationship with this company is an “at-will” relationship, meaning that both the company and I have the right to terminate this employment relationship at any time for no reason or for any reason, as long as that reason is not illegal. No verbal promises or guarantees can change this at-will relationship. Any changes to the at-will relationship or its terms must be in writing, for the agreed purpose of changing the relationship, and signed by me and by an authorized officer of this organization. (For further information, please consult this organization’s at-will policy.)

This company prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. This company is an equal opportunity employer and makes hiring and other employment decisions based on job-related qualifications, abilities, and factors other than on the basis of the race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. (For further information, please consult this organization’s EEO policy.)

I understand that this company is a drug-free workplace, and that If I am offered a position with Peed Plumbing, I will be required to take a drug test. If a drug test establishes the use of illegal substances, the offer of employment will be withdrawn.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Peed Plumbing, Inc. and that failure to provide this evidence will result in the termination of my employment.

My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.

Applicant’s Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____