MANDATORY PRE-APPLICATION QUESTIONS

Answer the following questions by <u>circling YES or NO</u>. Not answering will disqualify you to be further considered for employment.

YES or NO	Can you, after employment, pass a drug test?			
YES or NO	In the past 8 years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense?			
YES or NO	Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?			
	If you answered <u>YES</u> to either of the above two questions, please provide the dates and described that criminal record so the individual circumstances can be considered. Criminal convictions or arrests may not automatically disqualify you from employment depending on the conviction.			
YES or NO	Can you, after employment, submit verification of your legal right to work in the United States?			
YES or NO	Have you applied with this Company in the past? If yes, provide approximate dates:			
YES or NO	If you are applying for a position which includes driving a motor vehicle in the course and scope of the employment duties (which includes all plumbing, pipefitting, mechanical work which requires your attendance on more than one commercial or multi-family unit project site during one working day or week), please indicate whether you have a valid Colorado driver's license?			
YES or NO	Can you, after employment, provide a clean motor vehicle record (e.g. no DUI, DWAI, suspension, insurance violations, an excessive reduction in points due to traffic tickets/violations)?			
	out this application it is REQUIRED that you answer the above questions hese questions are NOT ANSWERED , you will not proceed to the next step of imployment.			
Under penalty o	of perjury, I have answered the above questions honestly to the best of my ability.			
Signature	Print Name			
Date	Date			
Witness signatu	re Print Name			

Pre-Employment Application

Our organization reviews applications and employs persons without regard to race, creed, color, gender, religion, age, national origin, physical or mental disability, marital status, veterans' status, citizenship status or any other category protected by local, state or federal law. In addition, we make reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the business, or threaten the health or safety of others at work. If you need assistance in completing this application, let us know and we will provide assistance. The receipt of this application does not mean that job openings exist at our organization and does not obligate us in any way. We appreciate your interest.

1. Employee Inform	ation (PI	ease PRINT ye	our name EXA	CTLY as shown o	on your Socia	il Security C	Dard.)
First Name Last Name		Last Name			Middle Initial		
Street Address			I				
City			State		Zip Code		
Telephone Émail							
Are you legally author	ized to w	ork in the U.S.?	☐Yes ☐N	lo			
Are you over 18 years	of age?	☐Yes ☐No) ,				
II. Education							
School	Pin		ing program Programme				
High School							
College				•			
Other							·
Other Skills (List other jo	b-related :	skilis or qualificati	ions that support	your application.)			
			ü				
Honors Received (Certific	cations, A	wards, etc.)					
In order to permit us to you previously used. (I	o check y	our work and e ames and releva	ducational reco	rds, please identif	y any change o	of name or as	ssumed name
				9			

III. Employment Experience (Please	hst in chronological order beginning with you	most recent employer.)		
Employer	Dates Employed	Immediate Supervisor		
Address				
Job Title	Hourly Rate/Salary (Starting - Final)	Telephone		
Work Performed				
Reason for Leaving		Okay to Contact?		
Employer	Dates Employed	Yes No Immediate Supervisor		
Address				
Job Title	Hourly Rate/Salary (Starting - Final)	Telephone Number		
Work Performed	9			
Reason for Leaving		Okey to Contact?		
Employer	Dates Employed	Immediate Supervisor		
Address	·			
Job Title	Hourly Rate/Salary (Starting - Final)	Telephone Number		
Work Performed				
Reason for Leaving		Okay to Contact?		
Are there any hours, shifts or days you wi	ill not, or cannot work? Yes No If yes, pla			
Do you have any friends or relatives who work	here?			
☐ Yes ☐ No Name	Relationship			
Name	Relationship			
Name	Relationship			

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IV. Professional References (Note: Listed references may be contacted.) List three persons not related to you that can speak to your professional work experience. Name 1 Telephone Occupation Relationship Email Сопфапу Name 2 Telephone Occupation Relationship Email Company Name 3 Telephone Occupation Relationship Email Company Have you filed an application with us before? ☐ Yes ☐ No If Yes, give approximate date: Have you ever been employed here before? Thes I No If Yes, list below. Job Tide NOTICE TO APPLICANTS: This employer complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions: If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files. V. Applicant Statement **Equal Opportunity Employer** This employer (hereafter the Company) is an equal opportunity employer and does not discriminate in recruitment, hiring. training, promotion, or other employment policies on the basis of age, race, sex, color, religion, national origin, disability, veteran status, genetic information, or any other basis that is prohibited by federal, state, or local law. No question in this application is intended to secure information to be used for such discrimination. In addition, the Company makes reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the Company or threaten the health or safety of others at work. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Signature I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Company or their designated subsidiaries and affiliates permission to contact schools, previous employers, references, and others, and hereby release the Company and their designated subsidiaries and affiliates from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice. Signature Date

PLUMBER TOOLS CHECKLIST

Check all the following tools t Basic Plumbing tools: (Must h				
☐ Heavy Pencil				
□ Note Pad				
□25" Tape Measure (1" wide)				
☐ Channel lock pliers (need to	adjust to 1h")			
□Torpedo				
□Hammer				
☐Phillip screwdriver				
☐Standard screwdriver				
☐Crescent Wrench 8 & 10 (12	& 14 helpful)			
Additional:				
☐ Tubing Cutters		Lade	der	
☐ Basin Wrench		□Drill	bits	
□Pipe wrench		□Thre	eading die w/Cu	tter sizes
□B-Tank		□Pow	er equipment s	izes
☐Torch & Regulator		□Spu	d wrench	
☐Battery screw gun		□Tub	wrench	
□Sawzall		□Cast	iron cutter type	e
☐ Extension cord				
Are you a Colorado Licensed ir	any of the below?			
Apprentice Years	Journeyman	Years	Master	_ Years
Which of the following phases one being the best)	of plumbing are yo	u most expe	rienced with or	best at? (Rate 1-9 with
Water pipe	,		Cast Iron	
Underground			_ Waste/Vents	
ABS			Roughing proj	ects
Gas pipe			Retro Fits	
Steam/Hot water				
Fixture Installation				
What does your practical exper			•	
Residential Comm		rvice	Industrial	

HVAC TOOLS CHECKLIST

Basic Sheet Metal Tools: (MUST have)
☐Tool box or Bucket
☐Tool Pouch & Belt
☐ Left/Right hand snips
☐ Bulldog snips
□Cordless Drill
□Scratch AWL
□25" Tape Measure
☐ Assortment of screwdrivers
☐Tinners Hammer
Additional Tools:
□3# Hammer
□Plumb Bob
□Chalk line
□Allen Wrenches
□ Dividers 12" & 18"
☐TDC Clip Tool
□ Crescent Wrenches 6" & 10"
☐ End wrenches thru 1"
□Whitney Punch
□24" Level
□C-Clamp (2)
☐ Hack Saw
Sawzall
□Pry Bar
□ Nail Bar

☐ Duct Stretcher
☐Socket set 3/8 & 2 ½
☐ POP Riveter
☐ Hand Seamers
☐ Utility knife/Pocket knife
□ Vise grips 8" & 10"
☐Torpedo Level

☐ Hand Crimper

APPLICANT'S STATEMENT

certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in taws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the st-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing)] has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature Date	
This Employer is an equal employment opportunity employer. without regard to race, color, age, sex, religion, national origin opportunity for employment with this Employer depends solely	, disability or marital status. We assure you that your