

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.

I. Employee Information (Please PRINT your name EXACTLY as shown on your Social Security Card.)

First Name	Last Name	Middle Initial
Street Address		
City	State	Zip Code
Telephone	Email	

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Are you over 18 years of age? ☐ Yes ☐ No

II. Education

School	Print School Name, Street Address, City, State & Zip	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Other				

Other Skills (List other job-related skills or qualifications that support your application.)

Honors Received (Certifications, Awards, etc.)

In order to permit us to check your work and educational records, please identify any change of name or assumed name you previously used. (Identify names and relevant dates.)

III. Employment Experience (Please list in chronological order beginning with your most recent employer.)

Employer	Dates Employed	Immediate Supervisor
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Address

Job Title	Hourly Rate/Salary (Starting - Final)	Telephone
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Work Performed

Reason for Leaving	Okay to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Dates Employed	Immediate Supervisor
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Address

Job Title	Hourly Rate/Salary (Starting - Final)	Telephone Number
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Work Performed

Reason for Leaving	Okay to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Dates Employed	Immediate Supervisor
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Address

Job Title	Hourly Rate/Salary (Starting - Final)	Telephone Number
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Work Performed

Reason for Leaving	Okay to Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are there any hours, shifts or days you will not, or cannot work? ☐ Yes ☐ No **If yes, please explain:**

Do you have any friends or relatives who work here?

☐ Yes ☐ No

Name **Relationship**

Name **Relationship**

Name **Relationship**

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	Company
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? ☐ Yes ☐ No If Yes, list below.

Dates	Job Title	Supervisor	Location

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 that you own:

Basic Plumbing tools: (Must have)

- ☐ 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:

- | | |
|--|---|
| <input type="checkbox"/> Tubing Cutters | <input type="checkbox"/> Ladder |
| <input type="checkbox"/> Basin Wrench | <input type="checkbox"/> Drill bits |
| <input type="checkbox"/> Pipe wrench | <input type="checkbox"/> Threading die w/Cutter sizes |
| <input type="checkbox"/> B-Tank | <input type="checkbox"/> Power equipment sizes |
| <input type="checkbox"/> Torch & Regulator | <input type="checkbox"/> Spud wrench |
| <input type="checkbox"/> Battery screw gun | <input type="checkbox"/> Tub wrench |
| <input type="checkbox"/> Sawzall | <input type="checkbox"/> Cast iron cutter type |
| <input type="checkbox"/> Extension cord | |

Are you a Colorado Licensed in any of the below?

Apprentice _____ Years Journeyman _____ Years Master _____ Years

Which of the following phases of plumbing are you most experienced with or best at? (Rate 1-9 with one being the best)

_____ Water pipe	_____ Cast Iron
_____ Underground	_____ Waste/Vents
_____ ABS	_____ Roughing projects
_____ Gas pipe	_____ Retro Fits
_____ Steam/Hot water	
_____ Fixture Installation	

What does your practical experience consist of? (Years and Months)

Residential _____ Commercial _____ Service _____ Industrial _____

What Type of Transportation do you have?

HVAC TOOLS CHECKLIST

Basic Sheet Metal Tools: (MUST have)

- | | |
|---|---|
| <input type="checkbox"/> Tool box or Bucket | <input type="checkbox"/> Duct Stretcher |
| <input type="checkbox"/> Tool Pouch & Belt | <input type="checkbox"/> Socket set 3/8 & 2 ½ |
| <input type="checkbox"/> Left/Right hand snips | <input type="checkbox"/> POP Riveter |
| <input type="checkbox"/> Bulldog snips | <input type="checkbox"/> Hand Seamers |
| <input type="checkbox"/> Cordless Drill | <input type="checkbox"/> Utility knife/Pocket knife |
| <input type="checkbox"/> Scratch AWL | <input type="checkbox"/> Vise grips 8" & 10" |
| <input type="checkbox"/> 25" Tape Measure | <input type="checkbox"/> Torpedo Level |
| <input type="checkbox"/> Assortment of screwdrivers | <input type="checkbox"/> Hand Crimper |
| <input type="checkbox"/> Tinnners 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

APPLICANT'S STATEMENT

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 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 laws 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 at-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. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.
