American Plumbing Contractors, Inc.

5840 Arlington Rd. Jacksonville FL 32211

Employment Application

DATE: _____

FULL NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

ZIP CODE: _____

EMAIL: _____

BEST CONTACT PHONE #: _____

SOCIAL SECURITY #: _____

DATE AVAILABLE TO BEGIN EMPLOYMENT: _____

DESIRED PAY: $_____ **HOUR OR SALARY**

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: **FULL TIME** **PART-TIME** **SEASONAL**

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN? YES NO

***IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? YES NO**

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO

***IF YES, WRITE THE START AND END DATES** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

***IF YES, PLEASE EXPLAIN:** _____

_____

EDUCATION

HIGH SCHOOL: _____ **CITY/STATE:** _____

FROM: _____ **TO:** _____

GRADUATE: YES NO DEGREE: _____

COLLEGE: _____ **CITY/STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? : YES NO DEGREE: _____

OTHER: _____

EMPLOYMENT HISTORY

(MOST RECENT)

EMPLOYER #1: _____

CITY/STATE: _____ **PHONE #:** _____

JOB TITLE: _____

RESPONSBILITIES: _____

SUPERVISOR: _____

STARTING PAY: $_____ **ENDING PAY: $**_____

REASON FOR LEAVING: _____

EMPLOYER #2: _____

CITY/STATE: _____ **PHONE #:** _____

JOB TITLE: _____

RESPONSBILITIES: _____

SUPERVISOR: _____

STARTING PAY: $_____ **ENDING PAY: $**_____

REASON FOR LEAVING: _____

EMPLOYER #3: _____

CITY/STATE: _____ **PHONE #:** _____

JOB TITLE: _____

RESPONSBILITIES: _____

SUPERVISOR: _____

STARTING PAY: $_____ **ENDING PAY: $**_____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____

RELATIONSHIP: _____

COMPANY: _____

TITLE: _____

EMAIL: _____

PHONE#: _____

REFERENCE #2: _____

RELATIONSHIP: _____

COMPANY: _____

TITLE: _____

EMAIL: _____

PHONE#: _____

REFERENCE #3: _____

RELATIONSHIP: _____

COMPANY: _____

TITLE: _____

EMAIL: _____

PHONE#: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____

RANK AT DISCHARGE: _____

START DATE: _____ **END DATE:** _____

TYPE OF DISCHARGE: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?

CIRCLE: YES OR NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, l understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Equal Employment Advisory Council Revised Alternative "Suggested Employee Questionnaire" for Self-Identification of Race/Ethnicity

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please initial on the line next to the race/ethnicity category with which you primarily identify.

_____ **Hispanic or Latino**: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____**White**: a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American**: a person having origins in any of the black racial groups of Africa.

_____ **Asian**: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Native Hawaiian or Other Pacific Islander**: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Two or More Races**: a person who primarily identifies with two or more of the above race/ethnicity categories.

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by **American Plumbing Contractors, Inc.**
2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.
3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Potential Employee: _____

License # & State: _____

Date of Birth: _____

Signature of potential employee: _____

Date: _____

Employer Authorized Representative Name: _____

Authorized Representative Signature: _____

Date: _____