



Application for Employment

Date: _____

Atlas Plumbing Contractors is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the company.

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Referred by: _____ Position applying for: _____

Are you applying for?

- Temporary work- such as summer or holiday work? Y or N
- Regular part- time work? Y or N
- Regular full- time work? Y or N

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? _____

Can you work evenings? Y or N

Are you available to work overtime? Y or N

Salary desired: \$ _____

Please provide a current Resume

Personal information:

Have you ever worked for Atlas Plumbing Contractors before? Y or N

- If yes, please explain: _____

Do you have any friends, relatives or acquaintances working for Atlas Plumbing Contractors? Y or N

- If yes, who: _____

If hired, do you have transportation to/from work? Y or N

Are you over the age of 18? Y or N

If hired, would you be able to present proof of U.S. citizenship or legal right to work in the U.S.? Y or N

If hired, are you willing to submit to and pass a controlled substance test? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Y or N

Do you have a valid driver's license and proof of insurance? Y or N

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12 GED	
College		1 2 3 4	

EMPLOYMENT HISTORY	NAME AND CITY OF EMPLOYER	POSITION	REASON FOR LEAVING
From			
To			
From			
To			
From			
To			
From			
To			

REFERENCES – PLEASE GIVE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHO WE MAY CONTACT.			
Name	City	Phone Number	Relationship to Applicant

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Signature _____ Date _____