



APPLICATION FOR EMPLOYMENT

Ultimate Plumbing & Repair, LLC

472 Williamson Rd. Mooresville, NC 28117

704-892-5843 * Fax 704-896-0775

Ultimateplumbinginc@gmail.com

Last Name:	First Name:	MI:	
Street or Mailing Address:		Apt. No.:	
City:	State:	Zip Code:	County:
Home phone:	Cell phone:		
Email address:	Today's Date:		

EMPLOYMENT ELIGIBILITY: To be employed by Ultimate Plumbing & Repair, you must meet certain eligibility requirements. These include (but not limited to) United States citizenship or authorization to work in this country.

Are you a U.S. Citizen? YES NO

If NO, are you an alien authorized to work in the US? YES NO

POSITION APPLIED FOR:

AVAILABILITY: What date can you start?

For which category(ies) are you applying:

- Full-time
- Part-time
- Temporary

For which schedules are you available?

- Weekdays
- Weekends
- Overtime
- Evenings
- Nights
- Other _____

JOB-RELATED SKILLS: (Note: Do not fill out any part of this section you believe to be non-job-related.)

YES NO Do you have a current valid driver's license? DL#: _____

Name on License: _____ State of Issue: _____

Type: Regular/Non-commercial _____ Commercial _____ Class: _____

YES NO Do you have other license or certifications that may be related to the position applied for? If so, list here.

North Carolina License #: _____

YES NO Can you perform the essential functions of this job with or without reasonable accommodation?

EDUCATION:

High School graduate or equivalent (GED)? YES NO City/State: _____

Name of College: _____ City/State: _____ Graduated? YES NO Degree: _____

Vocational or other additional education: _____

REFERENCES. Include only individuals familiar with your work skills. Do not include names or supervisors listed below or relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

PREVIOUS EMPLOYERS AND WORK HISTORY: Describe your work history below, beginning with your most recent job. Include military and volunteer experience. If you worked for the same employer in more than position, describe each position separately. Describe the specific duties, beginning with primary duties. Please give complete information regarding each job or it may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all the information requested in the Work History section below, please fill in that information on the application.

1. Most Recent Employer		Your Job Title	
Address		From (mo/yr)	To (mo/yr)
City	State	Zip Code	Hours per week
Your Supervisor's Name		Phone #	Annual salary or hourly wage
		Are you currently working for this employer? YES NO	If so, may we contact? YES NO
Reason for Leaving (or considering leaving)			
Describe in detail your job duties			

Any related computer skills			

2. Second Most Recent Employer		Your Job Title	
Address		From (mo/yr)	To (mo/yr)
City	State	Zip Code	Hours per week
Your Supervisor's Name		Supervisor's phone #	
		() -	
Reason for Leaving			
Describe in detail your job duties			

Any related Computer Skills			

3. Third Most Recent Employer			Your Job Title	
Address			From (mo/yr)	To (mo/yr)
City	State	Zip Code	Hours per week	Annual salary or hourly wage
Your Supervisor's Name			Supervisor's phone # () -	
Reason for Leaving				
Describe in detail your job duties				

Any related Computer Skills				

4. Fourth Most Recent Employer			Your Job Title	
Address			From (mo/yr)	To (mo/yr)
City	State	Zip Code	Hours per week	Annual salary or hourly wage
Your Supervisor's Name			Supervisor's phone # () -	
Reason for Leaving				
Describe in detail your job duties				

Any related Computer Skills				

CONSUMER AUTHORIZATION

I.	I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that Ultimate Plumbing & Repair, LLC may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with Ultimate Plumbing & Repair, LLC's consideration of me for employment, promotion or position re-assignment or contract now or at any time during my tenure with Ultimate Plumbing & Repair, LLC. By my signature below, I give my full consent for this information to be obtained.
II.	If applicable, medical and worker's compensation information will only be requested in compliance with Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.
III.	According to the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.
IV.	I acknowledge that a facsimile (fax) or photographic copy of release shall be as valid as the original. This release is valid for most federal, state, and county agencies.
V.	I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by Ultimate Plumbing & Repair, LLC to furnish the information described in Section I.
VI.	I understand that upon proper identification, I have the right to make a request of Ultimate Plumbing & Repair, LLC, within a reasonable amount of time, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that Ultimate Plumbing & Repair, LLC has previously furnished. Communications with Ultimate Plumbing & Repair, LLC should be directed to P.O. Box 986, Mooresville, NC 28115 or 704-892-5843.

APPLICANT MUST COMPLETE THE FOLLOWING:			
Print Full Name	Signature	Date	
Date of Birth (Month/Day/Year)	Social Security Number		
Home Address	City	State	Zip
Driver's License Number and State	Name as it appears on License		
Have you had any driving violations with the past seven years?	YES	NO	If so, please describe.
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Have you ever been convicted of a crime? YES N) If yes, please provide city, state, and date of conviction and details of conviction. Applicant is not obligated to discuss any reference to a pre- or post-trial diversion program, any conviction which has been sealed, expunged, or erased by the court. <hr/> <hr/>			

<p>FAIR CREDIT REPORTING ACT NOTICE: In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. A status of updates is available upon request. If the information contained in this report is responsible for the suspension or termination of an employee or the application process, have the candidate/employee contact Ultimate Plumbing & Repair, LLC.</p>
