

SUTHERLAND PLUMBING, LLC - EMPLOYMENT APPLICATION

We consider applicants for all positions on the basis of qualifications and without regard to race, religion, gender, national origin, age, marital status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

PLEASE PRINT

POSITION(S) APPLIED FOR: _____ DATE: _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE: _____ ALT: _____

HOW DID YOU HEAR ABOUT SUTHERLAND PLUMBING?

ADVERTISEMENT ____ FRIEND ____ RECRUITING FIRM ____ EMPLOYEE ____ OTHER ____

ARE YOU AVAILABLE? FULL TIME ____ PART TIME ____ TEMPORARY ____

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? YES ____ NO ____

HAVE YOU EVER SUBMITTED AN APPLICATION WITH SUTHERLAND PLUMBING BEFORE? YES ____ NO ____

IF YES, PLEASE GIVE DATE: _____

HAVE YOU EVER BEEN EMPLOYED WITH SUTHERLAND PLUMBING? YES ____ NO ____

IF YES, PLEASE GIVE DATES: _____

ARE YOU CURRENTLY EMPLOYED? YES ____ NO ____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ____ NO ____

ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES? YES ____ NO ____
(Proof of citizenship or immigration status will be required upon employment.)

WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

LIST ANY CURRENT, VALID LICENSES OR CERTIFICATIONS YOU HAVE APPLICABLE TO THIS POSITION:

EDUCATION	SCHOOL NAME AND LOCATION	ATTENDED FROM / TO	TYPE OF DEGREE	MAJOR AND MINOR FIELDS OF STUDY
HIGH SCHOOL				
UNIVERSITIES				
COLLEGES				
TECH. SCHOOLS				
MILITARY EXPERIENCE	BRANCH OF SERVICE	YRS	LANGUAGES	HOBBIES

EMPLOYER	STARTING DATE	WORK PERFORMED	
	ENDING DATE		
ADDRESS	TELEPHONE NUMBERS	STARTING SALARY	ENDING SALARY
SUPERVISOR & TITLE	COMMISSION/BONUS	REASON FOR LEAVING	

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EMPLOYER	STARTING DATE	WORK PERFORMED	
	ENDING DATE		
ADDRESS	TELEPHONE NUMBERS	STARTING SALARY	ENDING SALARY
SUPERVISOR & TITLE	COMMISSION/BONUS	REASON FOR LEAVING	

REFERENCES

PLEASE PROVIDE AT LEAST TWO PROFESSIONAL & ONE PERSONAL REFERENCE(S)

PLEASE INCLUDE: NAME, REFERENCE PHONE & EMAIL, RELATIONSHIP & YEARS KNOWN

1) _____

2) _____

3) _____

CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Sutherland Plumbing, LLC is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" nature, employment relationship may not be changed by a written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Sutherland Plumbing, LLC.

I understand that if offered a position with Sutherland Plumbing, LLC, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Sutherland Plumbing, LLC and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Sutherland Plumbing, LLC.

Signature of Applicant _____

Date _____