



PRE-EMPLOYMENT APPLICATION

Bob Frank Plumbing, Inc. is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion, or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

PERSONAL			DATE: _____	
NAME: _____			HOME # _ (_) _____	
LAST	FIRST	MIDDLE		
ADDRESS: _____				
STREET	CITY	STATE	ZIP	
SOCIAL SECURITY NO. _____		ARE YOU OVER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you a citizen of the United States or do you have the legal right to be employed in the U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you ever been convicted of any crime (excluding minor traffic violations) including DUI? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, state of offense, location, date, and disposition _____				

Who should be contacted in case of an emergency? _____				
			Name	Phone No.
Street Address		City	State	Zip
Drivers License: State _____		Number _____		Type _____

EMPLOYMENT DESIRED

Are you seeking: FULL TIME PART TIME TEMPORARY/ SUMMER EMPLOYMENT

POSITION APPLIED FOR: _____ SALARY DESIRED _____

Have you ever applied with us before? YES NO

Date: _____

Have you ever worked here before? YES NO

Date: _____

How did you learn of our company and/or the position? _____

Are you now or do you expect to be involved in any other business or employment? YES NO

Are there any days and hours you would be unable or unwilling to work? YES NO

MILITARY

Have you ever served in the military? YES NO

Branch of Service _____

What was your occupational specialty (MOS)? _____

What special training did you receive that may help you if employed by us? _____

PERSONAL/HEALTH

Can you lift a minimum of 70 lbs?

YES NO

Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alterations to company?

YES NO

Have you used any illegal drug, including marijuana, in the last twelve months?

YES NO

Have you ever had a conviction for driving while intoxicated, or under the influence of drugs or alcohol (If yes, when? _____)

YES NO

Are you willing to take a physical exam and a drug screen at our expense?

YES NO

How many days leave did you take last year? _____

How many Fridays & Mondays did you take as leave last year? _____

EDUCATION

HIGH SCHOOL:	GRADUATED? __yes __no	COURSES STUDIED:
COLLEGE:	GRADUATED? __yes __no	COURSES STUDIED:
TRADE SCHOOL:	GRADUATED? __yes __no	COURSES STUDIED:

IN THE LINES PROVIDED PLEASE LIST YOUR STRENGTHS AND WEAKNESSES: _____

Are you planning to pursue further studies? YES NO If so, when and what courses: _____

List any scholastic honors, offices held and activities involved in during high school or college: _____

List and describe any other School or Specialized Training: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

Name of Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed		Pay
		From: Mo.	To: Mo.	
Telephone #	Nature of Business	Yr.	Yr.	
Title	Reason for leaving			
Duties				

Name of Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed		Pay
		From: Mo.	To: Mo.	
Telephone #	Nature of Business	Yr.	Yr.	
Title	Reason for leaving			
Duties				

Name of Employer Address City, State, Zip	Name & Title of Last Supervisor	Date Employed		Pay
		From: Mo.	To: Mo.	
Telephone #	Nature of Business	Yr.	Yr.	
Title	Reason for leaving			
Duties				

Have you ever worked under another name, please give that name: _____

Are you presently employed? YES NO

If yes, may we contact your present employer? YES NO

SPECIAL SKILLS

Do you type? YES NO Words Per Minute? _____

Have you had any computer or word processing experience or training? YES NO

If yes, please describe the extent: _____

What languages do you speak and write fluently? _____

Use the space below to describe why you are interested in working for us. List all skills and abilities which you feel particularly qualify you for a position with us. Please attach a resume if you have one available.

REFERENCES

Give 3 references, not relatives or former employers.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION

AFFIDAVIT

I Certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omission of consequences of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persona named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools, or persons from liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further I agree to expressly waive all provisions of the law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will. I further understand that I will be given an "employee handbook" outlining our rules and regulations.

Signature _____ Date _____

INTERNAL USE ONLY:

Interviewed By: _____ **Date:** _____ **Driver's License #:** _____

Interviewers Remarks: