



Job Application Form

**Personal Information:**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Salary: \$\_\_\_\_\_ per hour/year

Are you legally eligible to work in the United States? (circle one) Yes / No

Have you ever been convicted of a felony? (circle one) Yes / No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Education:**

**High School:**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Diploma Received? (circle one) Yes / No

**Trade School or College (if applicable):**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Degree or Certification: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Degree/Certification Received? (circle one) Yes / No

**Plumbing License and Certifications (if applicable):**

License Type: \_\_\_\_\_

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State Issued: \_\_\_\_\_

Additional Certifications: \_\_\_\_\_

**Work Experience:**

Please list your last three employers, starting with the most recent.

1. Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employment Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Reason for Leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employment Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Reason for Leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Company Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employment Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Reason for Leaving: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References:**

Please list three professional references (excluding relatives).

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Applicant's Statement:**

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any false statements, misrepresentations, or omissions may result in disqualification from employment or, if employed, termination of employment.

I authorize Anderson Plumbing to contact the references listed above and any educational institutions, licensing boards, or former employers to verify the information provided in this application.

I understand that this application does not constitute an offer of employment or a guarantee of employment with Anderson Plumbing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_