



APPLICATION FOR EMPLOYMENT 5-Pages

Must provide Valid Drivers License AND a SS Card OR Passport OR Birth Certificate

Name _____ Date _____
 Last First Middle

Telephone (____) _____ (____) _____ SSN: _____ - _____ - _____
 Home Cell

Current Address _____
 Number Street City State ZIP

How long at this address? _____

AVAILABILITY & POSITION

Position applied for _____ Days/Hours available to work _____

Salary desired \$ _____ No Pref _____ Thurs _____
 Mon _____ Fri _____
 How did you hear about us? _____ Tues _____ Sat _____
 Wed _____ Sun _____

When are you available to start work? ____ / ____ / ____

Employment desired: ⇐ Full-time ONLY ⇐ Part-time ONLY

How many hours can you work weekly? _____ Can you work nights? _____ Can you work weekends? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City & State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

PLEASE LIST LICENSE/S YOU POSSES FOR WHICH YOU ARE APPLYING:

Type: _____ License No. _____

Type: _____ License No. _____

Type: _____ License No. _____

Type: _____ License No. _____

ARMED SERVICES

HAVE YOU EVER BEEN IN THE ARMED FORCES? No Yes

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? No Yes

SPECIALTY _____ DATE ENTERED _____ DISCHARGE DATE _____

DRIVING INFORMATION

DO YOU HAVE A DRIVER'S LICENSE? No Yes

Driver's License Number _____ State of Issue _____ Operator Commercial (CDL)

Expiration Date _____

Have you had any accidents during the past three years? No Yes How many? _____

What is your means of transportation to work? _____

PERSONAL REFERENCES

Please list two personal references, **other than relatives or previous employers.**

Name _____ Name _____

Relationship _____ Relationship _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

WORK EXPERIENCE

(1) **CURRENT** Employer _____ Name of Last Supervisor _____

Address _____ Employment Dates: From: _____ To: _____

City, State, ZIP Code _____ Pay or Salary? Start: _____ Final: _____

Telephone (____) _____ Your Last Job Title: _____

Reason for leaving (be specific): _____

May we contact this employer? No Yes

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

(2) PREVIOUS Employer _____ Name of Last Supervisor _____
Address _____ Employment Dates: From: _____ To: _____
City, State, ZIP Code _____ Pay or Salary? Start: _____ Final: _____
Telephone (____) _____ Your Last Job Title: _____

Reason for leaving (be specific): _____

May we contact this employer? No Yes

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

(3) PREVIOUS Employer _____ Name of Last Supervisor _____
Address _____ Employment Dates: From: _____ To: _____
City, State, ZIP Code _____ Pay or Salary? Start: _____ Final: _____
Telephone (____) _____ Your Last Job Title: _____

Reason for leaving (be specific): _____

May we contact this employer? No Yes

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

(4) PREVIOUS Employer _____ Name of Last Supervisor _____
Address _____ Employment Dates: From: _____ To: _____
City, State, ZIP Code _____ Pay or Salary? Start: _____ Final: _____
Telephone (____) _____ Your Last Job Title: _____

Reason for leaving (be specific): _____

May we contact this employer? No Yes

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Summarize any **additional qualifications or skills you possess** that you feel we should know in considering you for the position for which you are applying.

Describe below any and all skills or qualifications you **LACK** in order to perform efficiently the work for the position which you are applying for.

Describe below any and all tools you **DO NOT OWN** in order to perform the work for the position which you are applying for.

CRIMINAL INFORMATION

CRIMINAL AND CONSUMER BACKGROUND DISCLOSURE/RELEASE AUTHORIZATION FORM

1. By this document Master Blaster Plumbing & Drain LLC discloses to me that my criminal and consumer background report may be obtained for assisting in our decision to employ me. I also understand and agree that this may also be used at any time before, during and after my employment or affiliation with Master Blaster Plumbing & Drain LLC for any purposes and reasons only related to my present or past employment and/or legal reasons affiliated with Master Blaster Plumbing & Drain LLC.
2. I also authorize the procurement of an investigative consumer criminal report and understand that it may contain information about my employment and educational background, criminal history, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites.
3. In connection with this request, I authorize all corporations, companies, former employers, supervisors, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer and or criminal background report at any time, and any number of times, before, during my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested.
4. Below is all that will appear on my Criminal & Consumer Background Report. **I also understand not completely disclosing everything first, before running my criminal background report could be the only 1 reason of your decision NOT to employ me;**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ⇐ No ⇐ Yes

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), and how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. **Attach additional paper if necessary.**

Please explain if you feel it might help in our decision of employing you;

My signature below signifies I have read, understand and agree to all 2 pages 4 and 5 and that I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act.

I authorize Master Blaster Plumbing & Drain LLC and its agent/consumer and criminal reporting agency and all associated entities and its clients to receive any criminal history or consumer information pertaining to me in the files of any state or local consumer or criminal justice agency.

Applicant's Authorization Signature _____

Print Name _____ **Date** ____ / ____ / ____

Other Names Used _____

SS # ____ / ____ / ____ **Date of Birth** ____ / ____ / ____

Driver's License # _____ **State** _____

Provide Your Last 3 Addresses Below

1 Current Address _____

City/Town _____ **State** _____ **Zip Code** _____

2 PREVIOUS Address _____

City/Town _____ **State** _____ **Zip Code** _____

3 PREVIOUS Address _____

City/Town _____ **State** _____ **Zip Code** _____