



**APPLICATION FOR EMPLOYMENT**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

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 \_\_\_\_\_  
 Tues \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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 ANY LICENSE FOR WHICH YOU ARE APPLYING:**

Type: \_\_\_\_\_ License No. \_\_\_\_\_  
 Type: \_\_\_\_\_ License No. \_\_\_\_\_  
 Type: \_\_\_\_\_ License No. \_\_\_\_\_  
 Type: \_\_\_\_\_ License No. \_\_\_\_\_

Use the space below to summarize any additional information necessary to describe your full qualifications and skills you possess for the specific position for which you are applying.

---

---

---

---

---

---

---

---

---

---

Use the space below to summarize and describe any and all skills, qualifications, training and/or tools you LACK or NEED in order to perform any task for the specific position of which you are applying.

---

---

---

---

---

---

---

---

---

---

---

### 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 \_\_\_\_\_

---

### CRIMINAL & DRIVING INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain 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.

---

---

**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.

---

---

---

---

---

**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;

---

---

---

---

---

---

---

---

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 3 pages 4, 5 and 6 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**

Current Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PREVIOUS Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PREVIOUS Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Copyright © 2003 - 2018**