



5103 W. Bethel St., Ste 120
 Boise, ID 83706
 office@robgoodsonplumbing.com

Employment Application

| | | | | |
|--|-----------------------|-----------------|-----------------------------------|---|
| APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS | | | | |
| PLEASE COMPLETE ALL PAGES | | | DATE | |
| Name | | | | |
| Last | First | Middle | Maiden | |
| Present address: | | | How Long? | |
| Telephone | | | Social Security No. | |
| Days/hours available to work | No Pref | M – F From | to | Sat - Yes or No Sun - Yes or No |
| How many hours can you work weekly? | | | Can you work nights? | |
| What is your means of transportation to work? | | | | |
| Driver's license # | State | Exp. | <input type="checkbox"/> Operator | <input type="checkbox"/> Commercial (CDL) |
| Have you had any accidents during the past three years? | | | How Many? | |
| Have you had any moving violations during the past three years? | | | How Many? | |
| Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. | | | | |
| Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you now a member of the national guard? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Specialty | Date Entered | | Discharge Date | |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | # OF YEARS COMPLETED | MAJOR & DEGREE |
| | | | | |
| Please list two references other than relatives or previous employers. | | | | |
| Name | | Name | | |
| Company | | Company | | |
| Telephone | | Telephone | | |
| Work Experience | | | | |
| Please list your work experience beginning with most recent job held. If you were self-employed, give firm name. | | | | |
| Employer | | | Phone #: | |
| | | | Pay Rate | |
| Supervisor: | | | From: _____ To: _____ | |
| Reason for leaving (be specific) | | | | |



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| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | |
| | |
| | |
| Employer | Phone #: |
| | Pay Rate |
| Supervisor: | From: _____ To: _____ |
| Reason for leaving (be specific) | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | |
| | |
| | |
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PLEASE READ CAREFULLY - APPLICATION FORM WAIVER

In exchange for the consideration of my job application I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company or its insurers may request from a consumer reporting agency an investigative consumer report including information as to my driving record.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.