

BEST PLUMBING SPECIALTIES, INC.



EMPLOYMENT APPLICATION



BEST PLUMBING SPECIALTIES, INC.
OFFICE OF HUMAN RESOURCES
 3039 Ventrie Ct. PO Box 30
 Myersville MD 21773
 301-695-4488 Fax 301-698-0845
 WWW.BESTPLUMBINGONLINE.COM

Full-time Part-time
 Regular Temporary
 Staff Sales
 Recruitment #: _____
 Position(s) applying for:
 1. _____
 2. _____
 3. _____

APPLICATION FOR EMPLOYMENT

BEST PLUMBING SPECIALTIES, INC. IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER. BEST PLUMBING SPECIALTIES, INC. DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL FOR REASONS OF RACE, COLOR, RELIGION, GENDER, AGE, MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL OR ETHNIC ORIGIN, OR CONDITIONS OF DISABILITY IN THE HIRING OF STAFF, OR ANY TERMS AND CONDITIONS OF EMPLOYMENT. NO INFORMATION GIVEN ON THIS APPLICATION WILL BE USED FOR THE PURPOSE OF SUCH DISCRIMINATION.

Date _____

Name (Please Print) _____

Address _____ Date Available for Employment _____

City/State/Zip _____ Hourly rate/Annual salary expected _____

Telephone Home: () _____ Work: () _____ Cell: () _____ Email Address _____

Are you eligible for employment in the United States: Yes No *Proof of U.S. Citizenship or Immigration status will be required upon employment.*

Have you previously been employed at Best? Yes No. If yes, in what position and dates _____

ACADEMIC & PROFESSIONAL EDUCATION

Name of Institution	Location	Dates Attended	Major	Graduation Date	Diploma/Degree Certification/Licenses

Please list skills and special abilities (for example typing speed, computer applications, equipment skills, presentation delivery, etc.)

WORK EXPERIENCE

Please provide your most recent work experience and indicate part-time or full time service. Attach additional sheets if necessary.
(Begin with most recent)

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>						
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						
May we contact?: <input type="checkbox"/> YES <input type="checkbox"/> NO						
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>						
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Supervisor's Name/Telephone						
May we contact?: <input type="checkbox"/> YES <input type="checkbox"/> NO						
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May we contact?: <input type="checkbox"/> YES <input type="checkbox"/> NO						
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<div style="border: 1px solid black; height: 100px; width: 100%;"></div>						
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						
May we contact?: <input type="checkbox"/> YES <input type="checkbox"/> NO						

PLEASE ATTACH A RESUME WHICH WILL PROVIDE ASSISTANCE IN EVALUATING YOUR QUALIFICATIONS.

PROFESSIONAL REFERENCES

Please list three professional references (No personal references please)

Name	Title	Address	Phone

- Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes No

If you responded yes, please explain _____

- Have you ever been fired or resigned from a position after being notified you would be fired? Yes No

If you responded yes, please explain _____

“UNDER MARYLAND AND OTHER STATE LAWS, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR TEST OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANDOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.”

By signing below, you are granting permission to Best Plumbing Specialties, Inc. to contact either any of your previous employers to obtain employment information from them, or those individuals that you provided to Best Plumbing Specialties, Inc. for a reference, or to investigate any above information that is relevant to the specific position for which you applied. Further, by signing below, you hereby authorize Best Plumbing Specialties, Inc. to investigate your background and qualifications for purposes of evaluating whether you are qualified for the position for which I am applying. You understand that Best Plumbing Specialties, Inc. will utilize public records available and may utilize an outside firm or firms to assist it in checking such information, and by signing below you specifically authorize such an investigation by internet searches, information services and outside entities of the company's choice. You also understand that you may withhold your permission and that in such a case, no investigation will be done, and your application for employment will not be processed further.

Only complete if checked

By signing below, you are authorizing Best Plumbing Specialties, Inc. to obtain and review your motor vehicle record in conformity with the Automobile Safety Program of Best Plumbing Specialties, Inc. You understand that your motor vehicle record will only be used in conjunction with the Automobile Safety Program of Best Plumbing Specialties, Inc. and will not be made available or provided to any other party nor used for any other purpose without your express written authorization. You are entitled to a copy of your motor vehicle record if obtained by Best Plumbing Specialties, Inc., should you request it.

Do you have a valid driver's license? Yes No

State: _____

Expiration Date: _____

Number: _____

I certify that all information contained in this application for employment is true and complete to the best of my knowledge. I understand that any false answers or statements or misleading omissions made by me on this employment application can be sufficient grounds for my rejection as a candidate for employment or for immediate discharge from employment if employed. I further understand that this application by no means constitutes an employment contract

SIGNATURE: _____

DATE: _____



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COMPLETION OF THE FOLLOWING INFORMATION IS VOLUNTARY

The following EEO/Affirmative Action information is collected in order to meet the reporting requirements set forth by federal regulations. This information will NOT be used in making employment decisions and will NOT be kept with your application for employment purposes.

Check all appropriate categories:

GENDER

- Male
- Female

RACE OR ETHNICITY

- American Indian/Inuit/Aleut** – a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islander** – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, the Philippines Islands and Samoa.
- African American** (not of Hispanic origin) – a person having origins in any of the black groups of Africa, and includes Jamaicans, Bahamians & other Caribbean or Africans, but not Hispanic or Arabian descent).
- Hispanic** – a person of Mexican, Puerto Rican, Cuban, Central and South American or other Spanish culture or origin, regardless of race.
- White** (not of Hispanic origin) – a person having origins in any of the original peoples Europe, North Africa, or the Middle East.

Check all appropriate categories:

DISABLED/VETERAN CLASSIFICATION(S):

- Vietnam Era** – Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- Special Disabled Veteran** (30% or more disability) – Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veteran’s Administration for disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.
- Disabled Person** – Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more person’s major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

Position applied for _____

Name (Optional) _____ For MD State reporting purposes, please state D.O.B. _____

How to you learn of this employment opportunity? _____