



**PLUMBING &
AIR CONDITIONING**

"We Take Pride in Our Work"

Lic. #CFCO 19219

1623 51st Street S.

Tampa, Florida 33619-5327

(813) 655-7520 · Fax (813) 247-3994

APPLICATION FOR EMPLOYMENT

This application will remain valid for 30 days. Any applicant wishing to be considered for employment beyond this time period must reapply.

EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORK PLACE

Alvarez Plumbing is an equal opportunity employer but both policy and practice and complies with all federal and state laws and adheres to a policy of making employment decisions without regard to race, color, age, sex, pregnancy, religion, national origin, ancestry, citizenship status, disability, or uniformed service member status. Alvarez Plumbing Company has a Drug Free Work Policy in Place.

<u>APPLICANT INFORMATION</u>		
		Date
Last Name	First Name	Middle
Street Address		
City	State	Zip
Home Phone / Cell Phone	Social Security #	

<u>PERSONAL INFORMATION</u>	
Position Applying For:	Date Available
Available for Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Position? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Available for Weekend Call? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Temporary <input type="checkbox"/> On-Call

<p>Only U.S. Citizens or aliens who have legal right to work in US are eligible for employment.</p>	<p>Can you submit documentation verifying your legal right to work in the U.S. and your identity?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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<p>Have you ever plead guilty or "no contest" to, or been convicted of a misdemeanor or felony?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes* <input type="checkbox"/> No </p>	<p><i>*If yes, please give the date(s) and details: Note: Answering "yes" to these questions, does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.</i></p>
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<p>Are you 18 years of age or older?</p>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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<p>Have you ever been employed by the Company before?</p>	<p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
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<p>Have you ever been terminated or asked to resign from any job?</p> <p>If yes, please explain circumstances and provide dates:</p>	<p style="text-align: right;"> <input type="checkbox"/> Yes* <input type="checkbox"/> No </p>
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<p>How many days were you absent from work during the past 2 years for reasons other than for paid holidays and vacation?</p> <p>Year: _____ Number of days absent: _____</p> <p>Year: _____ Number of days absent: _____</p>

<p>Please explain any gaps in your employment history:</p>
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<p><u>EDUCATION</u></p>	
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<p>_____</p> <p>Name of School</p>	<p>_____</p> <p>Field of Study</p>
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<p>_____</p> <p>City, State</p>	<p>_____</p> <p>Diploma / Degree</p>
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<u>EMPLOYMENT RECORD</u>		List your present and prior employers in chronological order with present first. If self-employed, give firm name and provide business references.
Employer:	Rate of Pay Starting:	Ending:
Address:	City:	State Zip:
Phone Number:	Dates of Employment From:	To:
Work Performed :	Reason for Leaving:	
Employer:	Rate of Pay Starting:	Ending:
Address:	City:	State Zip:
Phone Number:	Dates of Employment From:	To:
Work Performed :	Reason for Leaving:	
Employer:	Rate of Pay Starting:	Ending:
Address:	City:	State Zip:
Phone Number:	Dates of Employment From:	To:
Work Performed :	Reason for Leaving:	

<u>SPECIAL SKILLS AND QUALIFICATIONS</u>		Summarize special job-related skills, including licenses and certificates with states, numbers and expiration dates.
Skill/Qualification:		
License/Certificate:	State:	Exp. Date:
Skill/Qualification:		
License/Certificate:	State:	Exp. Date:

<u>REFERENCES</u>		PROFESSIONAL: Give name, company and phone number of three professional references, not related to you.
Name:	Company:	Phone #:
Name:	Company:	Phone #:
Name:	Company:	Phone #:
		CHARACTER: Give name, address and phone number of three personal references, not related to you.
Name:	Company:	Phone #:
Name:	Company:	Phone #:
Name:	Company:	Phone #:

Applicant Statement and Agreement
(must be signed in order to be considered for employment)

I, the undersigned, Applicant, hereby state that all information provided by me on this Employment Application, as well as any other documents completed in connection with my employment application, including interviews, is true and accurate. I have withheld nothing, that if disclosed, would affect the Application unfavorably. I understand that any false, misleading or omitted information give in my application, interview or any other document or statement may result in disqualification from employment, or termination from employment if discovered after hire.

I authorize Alvarez Plumbing Company and their authorized agents to investigate by background and all statements contained in this application for employment as may be necessary in arriving at an employment decision or insurability under their policies. Including obtaining consumer reports, contacting employers, educational institutions and persons listed, as well as law enforcement agencies, driving records, credit institutions or other persons having personal knowledge about me. Any reports may include driving records to assess my insurability under Alvarez Plumbing Company's insurance policy. I hereby release and hold harmless my current and former employers and their agents as well as other individuals who release information to the Company in this regard from all liability on account of furnishing such information to the Company or their agents. I also acknowledge receipt of the FTC Prescribed Summary of Consumer Rights.

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and any time during my employment, to the extent permitted by law. I hereby consent to a medical examination and the collection of urine, and or saliva samples (as well as blood or breath samples, where applicable and allowed by law) as requested for the purpose of determining the presence of drugs and or/ alcohol if any. I authorize the release of all medical information obtained during the examination and testing procedure to the Company. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that should I decline to sign this consent or take any of the above; tests, my application for employment may be rejected or my employment may be terminated.

If this application for employment is accepted, I understand that my employment and compensation is terminable AT-WILL, is for no definite period, and my employment may be terminated by the Company or me at any time and for any reason. It is further understood that this "at-will" employment relationship may not be changed by any written document, verbal statement, or conduct, unless such a change is specifically acknowledged in writing by the President/Owner of the Company.

In the event of my employment by Alvarez Plumbing Company, I will comply with all rules and regulations of the Company. I understand that if I am hired, I will be subject to a ninety (90) day introductory period.

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF; AND I HAVE READ, UNDERSTAND AND AGREE TO BE LEGALLY BOUND TO ALL OF THE TERMS IN THE APPLICANT STATEMENT AND AGREEMENT.

Applicant Signature

Applicant Printed Name

Date