Hander, Inc. Plumbing & Heating Application for Employment

An Equal Opportunity Employer

Please complete this entire application even if we have your resume, we need additional information from you.

Position(s) applied for Date of		Date of Ap	Application/	
Name				
Last	First		Middle	
Address				
Street	City	State		Zip
Telephone # ()	Mobile/Beeper/Other Phone	e # ()		
Email Address			-	
How did you find out that Hander was hiring?				
If you are under 18, and it is required, can you fu	urnish a work permit?		☐ Yes	□ No
Have you ever been employed here before? If y	-		□ Yes	□ No
	ee ge datee and position.			
Are you legally eligible for employment in the co	untry?		🗌 Yes	🗆 No
Date available for work//	_ Desired	Wage		
Type of employment desired: Full time	Part time	Shift Work	т	emporary
Are you able to meet the attendance requirement	nt of the position?		🗌 Yes	🗆 No
Are you currently on "lay-off" status and subject	to recall?		🗌 Yes	🗌 No
Can you travel if job requires?			□ Yes	🗆 No
Have you had any job-related training in the U.S	. Military?		🗌 Yes	🗌 No
Have you ever pled "guilty" or "No contest" to, or	r been convicted of a crime?		□ Yes	🗆 No
If yes, please provide date(s) and details				

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offence, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Drivers license number, if driving, is an essential job function______ State _____

CDL license number, if driving, is an essential job function______ State _____

Education Background			
Name and Location	Number of Years Completed	Did you Graduate	Course of Study
High School			
College		Major/Degree	
Other			

Skills and Qualifications - Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Employment History - Provide the following	g information of your past four (4) years of empl	oyment, sta	rting with	the most rece	nt.
Employer:	Hourly Rate/Salary	Hourly Rate/Salary			
From:	Start: \$ Per:	Start: \$ Per: Final: \$ Per:			
То:	Starting Job Title				
Telephone #()	Ending Job Title				
Address:	May we contact for reference	? YES	NO	LATER	
Immediate Supervisor and Title					
Reason for Leaving	Job Responsibilities				

Employer:	Hourly Rate/Salary		
From:	Start: \$ Per: Final: \$ Per:		
To:	Starting Job Title		
Telephone #()	Ending Job Title		
Address:	May we contact for reference? YES NO LATER		
Immediate Supervisor and Title			
Reason for Leaving	Job Responsibilities		

Employer:	Hourly Rate/Salary		
From:	Start: \$ Per: Final: \$ Per:		
То:	Starting Job Title		
Telephone #()	Ending Job Title		
Address:	May we contact for reference? YES NO LATER		
Immediate Supervisor and Title			
Reason for Leaving	Job Responsibilities		

Employer:	Hourly Rate/Salary		
From:	Start: \$ Per: Final: \$ Per:		
То:	Starting Job Title		
Telephone # ()	Ending Job Title		
Address:	May we contact for reference? YES NO LATER		
Immediate Supervisor and Title			
Reason for Leaving	Job Responsibilities		

References

Name	Telephone	Number of Years Known
	()	
	()	
	()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of the application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ D

Date/	 /

Drug Screen Consent

In applying for emplyment, I understand that I have agreed to undergo a urine screening test to determine the presence of certain drugs and alcohol. I further understand that the presence of one or more of those drugs or alcohol may cause my rejection from further consideration for employment.

I hereby authorize Hander, Inc. Plumbing & Heating to conduct, through its designated physician or laboratory testing facility, a drug screening test as a requirement of employment.

I also undertand that refusal to submit to the drug and alcohol screening test will constitute voluntary withdrawal of my application for employment.

Signature of Applicant _____ Date ____/ /____