

Long Prairie Plumbing & Heating

P.O. Box 66 120 Lake Street
Long Prairie, MN 56347

Phone: 320-732-2815 Fax: 320-732-6840



Steve Siegle
License
PM062436

APPLICATION FOR EMPLOYMENT Pre-Employment Drug and Alcohol Testing is required.

NAME _____

ADDRESS _____

TELEPHON () _____

SOCIAL SECURITY NUMBER _____

DATE AVAILABLE FOR EMPLOYMENT _____

If employed & under 18, can you furnish a work permit? _____ YES _____ NO

Are you employed now? _____ YES _____ NO

May we contact your present employer? _____ YES _____ NO

If YES, give name: _____

Are you prevented from lawfully becoming employed in this country
because of VISA or Immigration status? _____ YES _____ NO

Type of work desired: _____

Do you have a valid drivers license in this state? _____ YES _____ NO

License Number _____

Can you perform the essential functions of the job(s)
for which you are applying? _____ YES _____ NO

Are you available to work _____ Full-Time _____ Part-Time _____ Over-Time

Have you been convicted of a felony? _____ YES _____ NO

If YES, please explain: _____

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal & state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential function of a job.

Plumbing & Heating Doctor...A Degree Above The Competition

EDUCATION

	Elementary School	High School	College
School Name	_____		
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4
Course of Study	_____		

SPECIAL SKILLS, QUALIFICATIONS & CONSIDERATIONS

Summarize special skills & qualifications, military experience, employment or other activities related to the job you are seeking:

REFERENCES

List three(3) non-relatives who are familiar with your qualifications & actual work history & ability:

	NAME	OCCUPATION/RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

List your last three(3) jobs on order. Start with your present or last job. Do not omit any job.

Employer	Contact Person
Address	Your Job Position
Your salary: _____ Starting _____ Ending	Employed from _____ (Month/Year) to _____ (Month/Year)

What did you like most about this job?

What did you like least about this job?

Reason for leaving: _____

EMPLOYMENT EXPERIENCE (continued)

Employer

Contact Person

Address

Your Job Position

Your salary: _____ Starting
 _____ Ending

Employed from _____ (Month/Year)
to _____ (Month/Year)

What did you like most about this job?

What did you like least about this job?

Reason for leaving: _____

Employer

Contact Person

Address

Your Job Position

Your salary: _____ Starting
 _____ Ending

Employed from _____ (Month/Year)
to _____ (Month/Year)

What did you like most about this job?

What did you like least about this job?

Reason for leaving: _____

Please read the following statements carefully before signing this application. Only the applications that are signed & dated will be considered valid. If you have any questions regarding this application please ask them before signing.

I certify that all answers & statements I have made on this application (resume & other supplementary materials) are true & complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in the application to give you complete information & records regarding my employment, education, character, & qualifications, including driving & or credit history.

____ YES ____ NO

If hired I will be responsible for familiarizing myself with all rules & regulations of the Company as they presently exist or are later modified.

____ YES ____ NO

I understand this application is not an offer of employment & no promises or representations of employment have been made to me at this time.

____ YES ____ NO

I HAVE READ, UNDERSTAND, & AGREE WITH ALL OF THE ABOVE.

Signature of Applicant

Date

*Note: All personal records are kept confidential & are not released to anyone without written authorization.