

EASTERN PLUMBING

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, age, disability, national origin, and veteran status.

Please return to: 4736 NC Hwy 43 South
Greenville, NC 27858
Phone 252-758-7579 Fax 252-757-3446

(PLEASE PRINT OR TYPE)

Position(s) Applied For		Date	
Last Name	First Name	Middle/Maiden Name	
Address (Street Number And Name)			City
State	Zip Code	Telephone ()	Social Security Number
<p>Have you ever filed an application here before? Yes No.</p> <p>If yes, give dates and position applied for _____</p> <p>Have you ever been employed here before? Yes No.</p> <p>If yes, give dates and position held _____</p> <p>Upon employment, can you submit verification of your legal right to work in the United States? Yes No.</p> <p>Have you ever been convicted of a crime other than a minor traffic violation? Yes No.</p> <p>If yes, please explain. _____ (A "yes" answer to this question does not necessarily preclude consideration for employment)</p> <p>_____</p>			
<p>Check the type of work you will accept.</p> <p style="text-align: center;"> <input type="checkbox"/> Regular full time <input type="checkbox"/> Temporary full time <input type="checkbox"/> Work involving travel <input type="checkbox"/> Regular part time <input type="checkbox"/> Temporary part time <input type="checkbox"/> Shift work </p> <p>What is the earliest date you could begin work? _____</p> <p>Will you be able to perform the requirements of the position for which you are applying? Yes No</p> <p>What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate : _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

Employment History

Employer		Address		Phone
Job Title		Supervisor's name		No. supervised by you
Date employed (mo/yr)	Starting Salary \$ _____ per		Ending Salary \$ _____ per	
Date separated (mo/yr)		Hours worked per week		
Reason for leaving				
Duties				
Employer		Address		Phone
Job Title		Supervisor's name		No. supervised by you
Date employed (mo/yr)	Starting Salary \$ _____ per		Ending Salary \$ _____ per	
Date separated (mo/yr)		Hours worked per week		
Reason for leaving				
Duties				
Employer		Address		Phone
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Reason for leaving				
Duties				

Equal Employment Opportunity Form

Federal law prohibits discrimination based on race, color, religion, sex, age, disability, national origin, and veteran status. The following information is used for record keeping purposes in accordance with Equal Employment Opportunity Commission requirements. Complete the following information sheet and return it with your application blank. Please type or print and sign below. **You are not required to furnish this information but we encourage you to do so.**

Positions(s) Applied for (1) _____
(2) _____

Name _____
Last First Middle

Date of Birth _____ Male Female
Month Day Year

Referral Source: Who referred you to us? Newspaper ad Walk in Employee _____
 Employment Agency Other (specify) _____

Racial identification:

White <input type="checkbox"/>	American Indian <input type="checkbox"/>
Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>
Asian/pacific Islander <input type="checkbox"/>	(includes all person of Mexican, Puerto Rican, Cuban, or Spanish origin)
(includes Far East, Southeast Asian, Indian Subcontinent, and The Pacific Islands)	Other _____ (specify)

Are you: Handicapped	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A disabled veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A Vietnam-era veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate the following:

Citizenship _____

Visa Type _____

Visa Expiration Date _____

Signature

Date

I decline to provide this information.

Signature

Date

For Human Resources Use Only		
Classification _____	EEO Job Group _____	Salary Grade _____
Working Title _____		

Education

Schools	Name	Location	Did you Graduate	Semester or Quarter hrs Completed	Degree(s) Received	Major/Minor
High School						
College(s) University(ies)						
Graduate or Professional						
Other educational, Vocational schools, Internships, etc.						

Honors received: _____

Professional Organizations: _____

References

Give name, address, and telephone number of three references who are qualified to evaluate your prior performance.

1. _____
2. _____
3. _____

List any other names under which you have been employed or attended school to facilitate accurate reference checking. _____

State any additional information you feel may be helpful to us in considering your application.

Agreement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision and release East Carolina Ventures, LLC dba Eastern Plumbing from all liability arising from such inquires.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand, also, that I am required to abide by all rules and regulations of Eastern Plumbing.

Signature of Applicant

Date