



## Employment Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

Have you ever applied to Plumbing Concepts?  Yes, when? \_\_\_\_\_  No

Have you ever worked at Plumbing Concepts?  Yes, when? \_\_\_\_\_  No

Do any friends or relatives currently work for Plumbing Concepts?  Yes  No

If yes, state name and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

### Employment Information

Position applying for: \_\_\_\_\_

Employment Type Desired:  Full Time  Part Time  Temporary

Available to work weekends?  Yes  No

When are you available to start work? \_\_\_\_\_

Salary Desired? \_\_\_\_\_

Why are you applying for work at Plumbing Concepts?

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes

No

If no, describe the functions that cannot be performed

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

### Education, Training, and Experience

Type of School	Name of School	Location	# Yrs Completed	Major & Degree
High School				
College				
Trade School				

Do you speak, write, or understand any language besides English?

Yes

No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at Plumbing Concepts?

Yes

No

If so, please explain:

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Are you licensed/certified for the job applied for?

Yes

No

Name/Number of license/certification and state issued from: \_\_\_\_\_

Has your license ever been revoked/suspended?

Yes

No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:

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**For Plumbing Positions only, please select the specific industry skills that you consider yourself to be very knowledgeable about, with a high level of competency:**

**What types of systems have you worked with? (Select all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Backflow Prevention    | <input type="checkbox"/> Hot Water Systems      | <input type="checkbox"/> Water conditioners         |
| <input type="checkbox"/> Boilers                | <input type="checkbox"/> Irrigation Systems     | <input type="checkbox"/> Water Filtration Systems   |
| <input type="checkbox"/> Cold Water Systems     | <input type="checkbox"/> Sanitation Systems     | <input type="checkbox"/> Water Heaters              |
| <input type="checkbox"/> Drainage Systems       | <input type="checkbox"/> Septic Systems         | <input type="checkbox"/> Water Purification Systems |
| <input type="checkbox"/> Fire Sprinkler Systems | <input type="checkbox"/> Storm Drainage Systems |   |

**What types of pipe and lines have you worked with? (Select all that apply)**

- |   |                                      |  |                                     |
|---|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> ABS Pipe       | <input type="checkbox"/> Copper Pipe | <input type="checkbox"/> Flexible Hoses  | <input type="checkbox"/> PVC Pipe   |
| <input type="checkbox"/> Cast Iron Pipe | <input type="checkbox"/> CPUC Pipe   | <input type="checkbox"/> Galvanized Pipe | <input type="checkbox"/> Sewer Line |

**What Applications do you have experience with? (Select all that apply)**

- |                                     |                                     |                                       |                                      |                                  |
|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial | <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Residential | <input type="checkbox"/> Schools |
|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|----------------------------------|

**What specific parts, pumps, valves, fittings, etc. have you worked with? (Select all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aerator           | <input type="checkbox"/> Fixtures                       | <input type="checkbox"/> Showers            |
| <input type="checkbox"/> Air Gaps          | <input type="checkbox"/> Garbage Disposals              | <input type="checkbox"/> Sinks              |
| <input type="checkbox"/> Ball Valves       | <input type="checkbox"/> Instant Hot Water              | <input type="checkbox"/> Sump Pumps         |
| <input type="checkbox"/> Bath Tubs         | <input type="checkbox"/> Mixing Valves                  | <input type="checkbox"/> Thermostatic Valve |
| <input type="checkbox"/> Closet Flanges    | <input type="checkbox"/> PEX insert fittings and valves | <input type="checkbox"/> Traps              |
| <input type="checkbox"/> Diverter          | <input type="checkbox"/> Pressure Balance Valve         | <input type="checkbox"/> Valves             |
| <input type="checkbox"/> Dual Check Valves | <input type="checkbox"/> Pressure Reducing Valve        | <input type="checkbox"/> Vent               |
| <input type="checkbox"/> Fittings          | <input type="checkbox"/> Roof Drains                    |   |

**What Job Functions have you performed? (Select all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Activity Reporting | <input type="checkbox"/> General Construction    | <input type="checkbox"/> Quality Assurance/Control |
| <input type="checkbox"/> Assembling         | <input type="checkbox"/> General Manager         | <input type="checkbox"/> Rough-in                  |
| <input type="checkbox"/> Backflow           | <input type="checkbox"/> Hydro Jetting           | <input type="checkbox"/> Safety Coordinator        |
| <input type="checkbox"/> Brazing            | <input type="checkbox"/> Hydrostatic Testing     | <input type="checkbox"/> Service                   |
| <input type="checkbox"/> Budgeting          | <input type="checkbox"/> Journeyman              | <input type="checkbox"/> Sewer Snakes              |
| <input type="checkbox"/> Building Codes     | <input type="checkbox"/> Layout                  | <input type="checkbox"/> Shipping/Receiving        |
| <input type="checkbox"/> Change Orders      | <input type="checkbox"/> Leak Detection          | <input type="checkbox"/> Soldering                 |
| <input type="checkbox"/> Computer Literate  | <input type="checkbox"/> Operations Manager      | <input type="checkbox"/> Superintendent            |
| <input type="checkbox"/> Customer Service   | <input type="checkbox"/> PHCC Apprentice Program | <input type="checkbox"/> Take-offs                 |
| <input type="checkbox"/> Design/Build       | <input type="checkbox"/> Pipe Cutting            | <input type="checkbox"/> Technician                |
| <input type="checkbox"/> Drafting           | <input type="checkbox"/> Pipe Threading          | <input type="checkbox"/> Trainer                   |
| <input type="checkbox"/> Drain Cleaning     | <input type="checkbox"/> Pipe Threading machine  | <input type="checkbox"/> Under Slab Repairs        |
| <input type="checkbox"/> Estimator          | <input type="checkbox"/> Power Tools             | <input type="checkbox"/> Water Service             |
| <input type="checkbox"/> Field Supervisor   | <input type="checkbox"/> Project Management      | <input type="checkbox"/> Welding                   |
| <input type="checkbox"/> Foreman            |  |  |

## Employment History

Please list your work experience for the past 5 years, beginning with your most recent job. Account for periods of self-employment or unemployment.

Name of Employer: _____		Phone Number: _____	
Type of Business: _____		Job Title: _____	
Supervisor's Name: _____		Supervisor's Job Title: _____	
Address/City/State/Zip: _____			
Start Date: _____		End Date: _____	
Starting Pay: _____		Ending Pay: _____	
Duties performed and skills learned/developed:  			
Reason for Leaving: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer: _____		Phone Number: _____	
Type of Business: _____		Job Title: _____	
Supervisor's Name: _____		Supervisor's Job Title: _____	
Address/City/State/Zip: _____			
Start Date: _____		End Date: _____	
Starting Pay: _____		Ending Pay: _____	
Duties performed and skills learned/developed:  			
Reason for Leaving: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer: _____		Phone Number: _____	
Type of Business: _____		Job Title: _____	
Supervisor's Name: _____		Supervisor's Job Title: _____	
Address/City/State/Zip: _____			
Start Date: _____		End Date: _____	
Starting Pay: _____		Ending Pay: _____	
Duties performed and skills learned/developed:  			
Reason for Leaving: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer: _____		Phone Number: _____	
Type of Business: _____		Job Title: _____	
Supervisor's Name: _____		Supervisor's Job Title: _____	
Address/City/State/Zip: _____			
Start Date: _____		End Date: _____	
Starting Pay: _____		Ending Pay: _____	
Duties performed and skills learned/developed:			
Reason for Leaving: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer: _____		Phone Number: _____	
Type of Business: _____		Job Title: _____	
Supervisor's Name: _____		Supervisor's Job Title: _____	
Address/City/State/Zip: _____			
Start Date: _____		End Date: _____	
Starting Pay: _____		Ending Pay: _____	
Duties performed and skills learned/developed:			
Reason for Leaving: _____			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Professional References

Please list 3-4 people you have worked with who can attest to your On-the-Job experience and performance

**Name** \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Years Known \_\_\_\_\_

**Name** \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

**Name** \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Years Known \_\_\_\_\_

**Name** \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_  
Years Known \_\_\_\_\_

Email Address \_\_\_\_\_  
Years Known \_\_\_\_\_

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Plumbing Concepts creates an actual or implied contract of employment. I understand that, if I accept employment with Plumbing Concepts, it will be on an at-will basis. This means that either Plumbing Concepts or I have the right to terminate the employment relationship at any time for any reason, with or without cause.

I agree to submit to drug and alcohol testing, as well as a pre-employment physical, if requested by Plumbing Concepts. I release Plumbing Concepts, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Plumbing Concepts to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release Plumbing Concepts and its employees from all liability arising from such an investigation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Plumbing Concepts is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity with Plumbing Concepts depends solely on your qualifications.