



"The Service People"

ADMINISTRATIVE OFFICES
 7115 W. Marginal Way SW
 Seattle, WA 98106
 (206) 762-5920
 FAX (206)-762-5928

Wholesale Plumbing Supplies

For Office Use Only:
Application_____
1st interview_____
References_____
2nd interview_____
Drug test_____

Position(s) Applying For: _____

How did you learn of this position? _____

Personal Information

Last Name	First Name	Middle Initial	Date of Application
Street Address			Home Phone Number ()
City, State, Zip			Cell Phone Number ()
E-mail Address:			Social Security Number (optional)
Employment Desired: (Please circle one) Full Time Part-Time Full or Part Time			Expected Pay Range:
If you have lived at this address less than 3 years, what is your previous address?			
What date will you be available for Work?			
What is your means of transportation to work?			

	YES	NO
Are you legally eligible for employment in the United States?		
Are you willing to work overtime if asked?		
Are you able to perform the essential functions of the position?		
If selected for employment, are you willing to submit to a pre-employment drug screening test?		
Have you ever applied for employment with us before?		
If yes: Month and year _____ Location: _____		
Have you been convicted of a felony in the last 7 years?		
Are you able to drive a commercial vehicle? (No CDL required. Must be 21 yrs of age.)		

Education:

School	School Name and Location	Course of Study	# of Yrs Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business or Trade					
High School					
Other Education					

Previous Employment

Please list your work experience for the past 7 years beginning with your current or most recent employment. If you were self employed, give firm name. Attach Additional sheets if necessary.

Company Name and Address	Phone Number ()
Name of Supervisor	Employed (Month and year) From: To:
Position and describe your duties	Reason for Leaving

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May we contact all of your previous Employers?	Circle one YES NO
If NO, who do you NOT want us to contact?	Reason

Skills/Certifications

Driver's License

Fork Lift Certification

Pallet Jack

Other Lifting equipment

Office machines
(copier/Fax)

Computer/keyboarding

Word/Excel

Access

Prelude/SBClient

Phone experience

Ten-key by touch

Typing WPM_____

Shorthand

Other: _____

Other: _____

Other: _____

Please describe any training you received that is relevant to your position:

Professional Licenses, Certifications or Registrations

Please describe any professional certifications or licenses that you have, what State issued them and the date they were earned.

Membership in Professional or Civic Organizations

List any professional trade groups or other organizations that you belong to that you consider relevant to this position..

References

Please list three professional references who have knowledge of your work performance in the last four years and who are not a relative.

Name	Relationship/Position:
Company Name and address	Phone Number ()

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Company Name and address	Phone Number ()

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Company Name and address	Phone Number ()

Other Information

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Please use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. Please include additional skills such as foreign languages, supervisory skills, or career/occupation skills or goals you wish to bring to the employer's attention.

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission or misrepresentation of facts on this application or on any document used to secure a position with this company can be grounds for rejection of application or terms for my immediate termination from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice -- by either me or the company.

I understand that I may be required to supply a birth certificate or other proof of authorization to work in the US; I may be subjected to a pre-employment drug test., or I may be required to sign a conflict of interest agreement and abide by its terms.

AUTHORIZATION TO OBTAIN CONSUMER REPORT PURSUANT TO 15.U.S.C. 1681b(b)(2)(B). For the purposes of processing my employment application I authorize Pacific Plumbing Supply Company to obtain a consumer report for employment purposes. I understand that inquiry may include, but is not limited to: conviction records, motor vehicle records, credit checks, references, and copies of prior personnel files. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. I understand that I may make a written request for information derived from the checking of my references.

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(B)

I understand and agree to the terms shown above.

Applicant's Signature: _____ **Date:** _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide an equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. **This information is optional** and failure to provide it will have no affect on your application for employment with us.

Optional: Male Female Race: _____

Are you a Viet Nam Vet? Yes No