

**MOCK PLUMBING, INC.**  
**APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT & COMPLETE ALL ITEMS

**Date of Application:** \_\_\_\_\_ **Position Desired:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number Street City State Zip code

**Telephone:** \_\_\_\_\_ | \_\_\_\_\_  
Daytime/Home Cell Social Security Number

**Date available for work** \_\_\_\_\_ **Desired salary range** \_\_\_\_\_

**Available for:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

**Have you applied here before?** Y \_\_\_\_\_ N \_\_\_\_\_ **Have you been employed here before?** Y \_\_\_\_\_ N \_\_\_\_\_

**Are you currently employed?** Y \_\_\_\_\_ N \_\_\_\_\_ **If so, may we contact your current employer?** Y \_\_\_\_\_ N \_\_\_\_\_

**Are you on "lay-off" status & subject to recall?** Y \_\_\_\_\_ N \_\_\_\_\_

**Do any of your friends or relatives work here?** Y \_\_\_\_\_ N \_\_\_\_\_ **If yes, please list name(s)**  
\_\_\_\_\_

**Can you travel if a job requires it (in-state only)?** Y \_\_\_\_\_ N \_\_\_\_\_

**WORK EXPERIENCE: (Start with most recent employment.)**

**EMPLOYER** \_\_\_\_\_ **Address** \_\_\_\_\_  
Number Street  
City State Zip code **Telephone #(s)** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_ **to** \_\_\_\_\_ **Work Performed:** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **Address** \_\_\_\_\_  
Number Street  
**Telephone #(s)** \_\_\_\_\_  
City State Zip code

**Job Title** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_ **to** \_\_\_\_\_ **Work Performed:** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **Address** \_\_\_\_\_  
Number Street  
**Telephone #(s)** \_\_\_\_\_  
City State Zip code

**Job Title** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_ **to** \_\_\_\_\_ **Work Performed:** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **Address** \_\_\_\_\_  
Number Street  
**Telephone #(s)** \_\_\_\_\_  
City State Zip code

**Job Title** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_ **to** \_\_\_\_\_ **Work Performed:** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**PLEASE LIST any job-related military service assignments & volunteer activities:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE INCLUDE explanation of any gaps in employment:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DESCRIBE Job-related training, apprenticeship school, & specialized skills:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMMENTS (Please list any additional information which may be helpful in considering your application):**

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Note to Applicants: Only answer this question if you are knowledgeable and informed about the requirements of the job for which you are applying. Please ask for a review of the activities involved in the job or occupation.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES** Do not include family members.

**Name** \_\_\_\_\_ **Phone Number (s)** \_\_\_\_\_

Best Time to Call \_\_\_\_\_ Occupation \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number (s)** \_\_\_\_\_

Best Time to Call \_\_\_\_\_ Occupation \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number (s)** \_\_\_\_\_

Best Time to Call \_\_\_\_\_ Occupation \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.  
I authorize investigation of all statements contained in this application for employment as may become necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

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

Please Note: This application shall be considered active for a period of 45 days. Any applicant wishing to be considered for employment beyond this time period should apply at a date within the 45 day limit.

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

**Thank you for your interest in our company!**