

# EMPLOYMENT APPLICATION

BOEN PLUMBING, INC.  
P.O. BOX 21803 · 5720 FRANKLIN  
WACO, TX 76702-1803  
254-757-2500 254-757-2550 FAX

AN EQUAL OPPORTUNITY EMPLOYER

## OFFICE USE ONLY

Client Co.: \_\_\_\_\_  
Employee ID#: \_\_\_\_\_  
Dept.: \_\_\_\_\_  
Pay Type: \_\_\_\_\_  
Pay Rate: \_\_\_\_\_  
Original Hire Date: \_\_\_\_\_  
W/C: \_\_\_\_\_ Tax Status:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE OR PROVINCE/ZIP: \_\_\_\_\_

DATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
SS#: \_\_\_\_\_  
POSITION: \_\_\_\_\_

- Yes  No Are you 18 years old or older? If no, can you provide work permit, if necessary?  
 Yes  No Did you complete: \_\_\_\_\_ high school or \_\_\_\_\_ GED?  
 Yes  No Did you complete college? If yes, field: \_\_\_\_\_  
 Yes  No Do you have special licensing or certifications? If yes, field: \_\_\_\_\_  
 Yes  No Can you provide proof of legal right to work in this country?  
 Yes  No Do you speak English?  
 Yes  No Can you work in a non-smoking environment?  
 Yes  No **ARMED FORCES work experience:** If yes, from: \_\_\_\_\_ to: \_\_\_\_\_  
My initials, \_\_\_\_\_, indicate my willingness for you to talk with this prior employer.

- Yes  No Other languages? If yes, which ones: \_\_\_\_\_  
 Yes  No Can you work weekends, evenings, shifts?  
 Yes  No Are you willing to undergo a drug screen?  
 Yes  No Have you ever been disciplined or fired from a job? If yes, explain: \_\_\_\_\_  
 Yes  No Can you travel, if required?  
 Yes  No Have you been convicted of a felony within the last 7 years? (A yes or no answer to this question does not necessarily disqualify applicant from employment.)  
 Yes  No Have you worked for this company before?  
 Yes  No Have you made application to work for this company before?  
 Yes  No Are you related to an employee of this company?  
 Yes  No Are you bondable? If no, please explain: \_\_\_\_\_

## FORMER EMPLOYERS\*

Begin with your present or last work experience. Include volunteer work experiences.

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Last position title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Immediate supervisor: \_\_\_\_\_  
Duties, responsibilities, and number you supervised: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Salary: starting: \_\_\_\_\_ ending: \_\_\_\_\_  
Hours worked/week: \_\_\_\_\_  
Phone: \_\_\_\_\_

My initials, \_\_\_\_\_, indicate my willingness for you to talk with this prior employer.

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Last position title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Immediate supervisor: \_\_\_\_\_  
Duties, responsibilities, and number you supervised: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Salary: starting: \_\_\_\_\_ ending: \_\_\_\_\_  
Hours worked/week: \_\_\_\_\_  
Phone: \_\_\_\_\_

My initials, \_\_\_\_\_, indicate my willingness for you to talk with this prior employer.

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Last position title: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Immediate supervisor: \_\_\_\_\_  
Duties, responsibilities, and number you supervised: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Salary: starting: \_\_\_\_\_ ending: \_\_\_\_\_  
Hours worked/week: \_\_\_\_\_  
Phone: \_\_\_\_\_

My initials, \_\_\_\_\_, indicate my willingness for you to talk with this prior employer.

\* LIST ANY ADDITIONAL WORK-RELATED EXPERIENCE ON A SEPARATE SHEET OF PAPER.

## ADDITIONAL WORK SKILLS

DO YOU HAVE EXPERIENCE IN THE FOLLOWING:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Record Keeping      | <input type="checkbox"/> General Ledger         | <input type="checkbox"/> Dictaphone         | <input type="checkbox"/> Internet Use      |
| <input type="checkbox"/> Bank Reconciliation | <input type="checkbox"/> Trial Balance          | <input type="checkbox"/> 10-Key             | <input type="checkbox"/> Computer Software |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Financial Statements   | <input type="checkbox"/> Calculator         | <input type="checkbox"/> Cash Register     |
| <input type="checkbox"/> Accounts Payable    | <input type="checkbox"/> Full Charge Bookkeeper | <input type="checkbox"/> Statistical Typing | <input type="checkbox"/> Lotto Machine     |
| <input type="checkbox"/> Payroll             | <input type="checkbox"/> PBX/Switchboard        | <input type="checkbox"/> Typing Speed _____ | <input type="checkbox"/> Other _____       |

Driving Experience and Qualifications: \_\_\_\_\_

Current Driver's License:                      State                      License Number                      License Type                      Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?                       Yes                       No

Has any license, permit, or privilege ever been suspended or revoked?                       Yes                       No

I, \_\_\_\_\_, request and authorize disclosure of my driving record from the Department of Motor Vehicles to the employer who is considering me for employment.

## APPLICANT'S AGREEMENT

I UNDERSTAND AND AGREE THAT:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
2. If employed, I may terminate my employment at any time without notice or cause, and the Company may terminate or modify the relationship at any time without notice or cause. I agree to conform to the rules and regulations of the Company and I understand that no department head or representative of the Company, other than the president or a designated officer of the Company, has the authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the Agreement.
3. As a condition of employment or my continued employment, I may be requested by the Company to submit to a urinalysis, drug screen, and/or other tests and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate termination.
4. Although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required: overtime, rotating work schedule, or work schedule that includes Saturday and Sunday.
5. I authorize the Company to verify all information provided by me and to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, performance, attendance, conduct, or other work-related characteristics or issues held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that the Company might contact in the course of conducting a reference check or background investigation of my suitability for employment or procuring or having a police report prepared for this purpose.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with the Company.

In exchange for the Company's consideration of my employment application, I release the Company and any organization or individual it may contact pursuant to paragraph six from any and all damages, liabilities, or claims that may exist or arise relating in any way to the release or receipt of information as provided herein. I further agree not to file or pursue any complaint claims or legal actions of any kind against any organization or individual that provides work-related information about me to the Company or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against the Company or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

6. If employed, I understand that my employment is for no definite period of time, and if terminated, the Company is liable only for wages or salary earned as of the date of termination.
7. The Company maintains a dispute resolution program to resolve any disputes or claims between its applicants, employees, the Company, and the Company's clients. Any disputes or claims must be resolved through internal company procedures, mediation, or final and binding arbitration. Should I be employed by the Company, I waive my right to courtroom litigation as a means to resolving any dispute or claim between the Company or the Company's clients and me. I have read the Company's dispute resolution statement and agree to fully abide its condition as part of my being considered for hire by the Company or its clients.
8. I have read and I agree to the above. I hereby certify that the facts I have provided in this employment application are true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment is produced for general use throughout the United States/Canada. BOEN PLBG, inc. assumes no responsibility for the said form or any questions which, when asked by the employer of the job applicant, may violate State/Province and/or Federal Law.