



Phone: 207-576-3897

Email: Deb@nepandh.com

# 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, sexual orientation, or any other legally protected status.

## General Information

Last Name	First Name	Middle Initial	Date of Application	
Mailing Address		City	State	Zip Code
Telephone Number(s)			Social Security Number	

How Did You Hear About Us?

- Advertisement       Friend  
 Employment Agency       Relative       Other \_\_\_\_\_

Position You Are Applying For

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes       No

Have you ever filed an application with us before?  Yes       No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes       No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes       No

May we contact your present employer?  Yes       No

Are you currently on "lay-off" status and subject to recall?  Yes       No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes       No

Proof of citizenship or immigration status will be required upon employment.

Are you available to work:     Full Time     Part Time     Shift Work     Temporary Work

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

On what date would you be available for work? \_\_\_\_\_

Can you travel if a job requires it?

Yes  No

Have you been convicted of a felony within the last 7 years?

Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_

### Education & Training

High School Graduate Or General Education (GED) Test Passed?

Yes  No

If No, list the highest grade completed:

#### College, Business School, Military (Most recent first)

Name & Location	Dates Attended Month/Year	Major or Subject	Graduate	Degree & year
	From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational License, Certification or Registration:	Number	Where issued		Expiration Date
Occupational License, Certification or Registration:	Number	Where issued		Expiration Date
Occupational License, Certification or Registration:	Number	Where issued		Expiration Date

Languages Read, Written or Spoken Fluently Other Than English:

### Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, continue on separate sheet of paper.

<b>Employer:</b>	<b>Telephone: ( ) -</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
<b>Job Title:</b>	<b>Number of Employees Supervised:</b>	<b>To (Month/Year)</b>
		<b>Hours Per Week</b>
		<b>Last Salary</b>
		<b>Supervisor</b>
<b>Reason for leaving:</b>	<b>May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	

<b>Employer:</b>	<b>Telephone: (    )    -</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
<b>Job Title:</b>	<b>Number of Employees Supervised:</b>	<b>To (Month/Year)</b>
		<b>Hours Per Week</b>
		<b>Last Salary</b>
		<b>Supervisor</b>
<b>Reason for leaving:</b>	<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Employer:</b>	<b>Telephone: (    )    -</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
<b>Job Title:</b>	<b>Number of Employees Supervised:</b>	<b>To (Month/Year)</b>
		<b>Hours Per Week</b>
		<b>Last Salary</b>
		<b>Supervisor</b>
<b>Reason for leaving:</b>	<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Employer:</b>	<b>Telephone: (    )    -</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
<b>Job Title:</b>	<b>Number of Employees Supervised:</b>	<b>To (Month/Year)</b>
		<b>Hours Per Week</b>
		<b>Last Salary</b>
		<b>Supervisor</b>
<b>Reason for leaving:</b>	<b>May We Contact This Employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Veteran Information** (Most Recent)

Branch of Service	Date of Entry	Date of Discharge
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**Special Skills** (List all pertinent skills and equipment that you can operate)

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**Additional Information** (State any additional information you feel may be helpful to us in considering your application)

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**References**

1.	_____ (Name)	_____ (Phone Number)
	_____ (Address)	
2.	_____ (Name)	_____ (Phone Number)
	_____ (Address)	
3.	_____ (Name)	_____ (Phone Number)
	_____ (Address)	

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  
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 employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Consumer Report/Investigative Consumer Report  
Disclosure and Release of Information Authorization**

I understand that, in connection with my application for employment or at any time during my employment, **New England Plumbing & Heating Inc.** may conduct a background investigation on me for employment purposes.

I understand that **New England Plumbing & Heating Inc.** may utilize PT Research, Inc., a consumer-reporting agency, to prepare a consumer report or investigative consumer report, as defined under the Fair Credit Reporting Act (15 U.S.C. § 1681, et seq.), in connection with the background investigation. A "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing my eligibility for employment purposes. An "investigative consumer report" means a consumer report or portion thereof in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge concerning any such items of information. Information for a consumer or report and/or investigative consumer report may be retrieved from several sources, including but not limited to public records, educational institutions, law enforcement and other government agencies, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates. The information received may include, but not limited to, academic, residential, criminal history records consistent with federal and state law. I understand that this information may be transmitted electronically and I authorize such transmission.

I further acknowledge that I have received a copy of the "summary of Your Rights Under the Fair Credit Reporting Act" which is attached to this Authorization. In the event an investigative consumer report is prepared, I understand that I may submit a written request for additional disclosures regarding the nature and scope of the investigation requested as well as a summary of my rights under the FCRA.

If information from a consumer report or an investigative consumer report is used in whole or in part in making an adverse decision concerning my employment or application for employment, before making the adverse decision **New England Plumbing & Heating Inc.** will provide me with a copy of the consumer report or investigative consumer report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand that if I disagree with the accuracy of any information contained in the report, I must notify **New England Plumbing & Heating Inc.** within 24 Hours of my receipt of the report.

**AUTHORIZATION**

I hereby authorize **New England Plumbing & Heating Inc.** to obtain a consumer report and/or an investigative report about me. If I am hired by **New England Plumbing & Heating Inc.**, this authorization shall remain on file and shall serve as an ongoing authorization for **New England Plumbing & Heating Inc.** to procure consumer reports and/or investigative consumer reports at any time during my employment. I agree that a photo copy of this authorization may be accepted with the same authority as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date