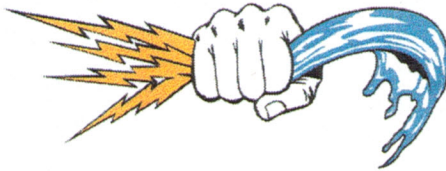


# McBride-Owens Inc.



**ELECTRICAL & PLUMBING CONTRACTOR**

**Residential - Commercial - Industrial**

## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

**Non-Discrimination Policy:** McBride-Owens Inc. is committed to the principle of equal opportunity in employment. We do not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

### GENERAL INFORMATION

Date \_\_\_\_\_

Position(s) Applied For : Mark All that apply:

Electrical ☐ Plumbing ☐

Electrician ☐ Lead Plumber ☐ Helper ☐

Residential ☐ Commercial ☐

Desired Rate of Pay \_\_\_\_\_

Referral Source ☐ Newspaper ☐ Friend ☐ Relative ☐ Employment Agency ☐ HigherEdJobs.com

☐ Internet Search

☐ Professional Journal

☐ Walk-in

☐ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Have you ever filed an application here before? ☐ Yes ☐ No If yes, give date \_\_\_\_\_

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your employer? ☐ Yes ☐ No

Are you a United States citizen? ☐ Yes ☐ No If no, do you have a valid work permit? ☐ Yes ☐ No  
(Proof of citizenship or immigration status may be required upon employment)

Employment desired: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Temporary ☐ Overtime

When are you available for work? \_\_\_\_\_

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

**COMPUTER SKILLS (Only for positions which require computer skills)**

Check off those computer skills with which you are proficient (any version).

☐ PC User      ☐ Macintosh User      ☐ Windows      ☐ Microsoft Word      ☐ Microsoft Access  
☐ Microsoft Excel      ☐ Microsoft Publisher      ☐ Web Page Design/  
    Maintenance      ☐ E-mail      ☐ Internet  
☐ Other. Please list \_\_\_\_\_

**DRIVER'S LICENSE**

Do you have a driver's license?      ☐ Yes      ☐ No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_      ☐ Operator      ☐ Commercial (CDL)      ☐ Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? ☐ Yes      ☐ No      How many? \_\_\_\_\_

Have you had any moving violations during the past three years ☐ Yes      ☐ No      How many? \_\_\_\_\_

**MILITARY**

Are you a veteran of the United States military service?      ☐ Yes      ☐ No      If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service: \_\_\_\_\_

**OTHER SPECIAL SKILLS**

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

Able to read blueprints?      ☐ Yes      ☐ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

<b>Most Recent Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

**REFERENCES**

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION OR DRUG SCREENING**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment medical exam or drug screening by a designated health practitioner.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I may be subject to a background check, and hereby authorize a credentialing company of our choice as an Agent for McBride-Owens Inc., to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_