



APPLICATION FOR EMPLOYMENT

OPTIMA PLUMBING, LLC

An Equal Opportunity Employer

Last Name		First Name		Middle Initial		Social Security Number:	
Street Address			City/State		Zip Code		Phone Number:
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:		Wage/Salary Desired:		Full Time?		Part Time?	
Date you can begin work?		Are you 18 years of age or older?		If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.			
Name of high school attended:			City & State		Graduate?	GED?	
Name of college or technical school:			City & State		Graduate?	Degree?	Major:
Are you presently enrolled in school?			If yes, give name & address of school and expected degree date:				
List any job-related skills or accomplishments, including military service:							
- Your Availability For Work -							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total hours per week you are available to work:			Do you have any special requests or needs for a work schedule?				
- Provide Three References Who Are Not Former Employers Who We May Contact -							
Name and Occupation		How do you know them, and for how long?				Phone Number	

Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	May we Contact: Yes or No
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	May we Contact: Yes or No
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	May we Contact: Yes or No
CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM	
<p>I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, motor vehicle report, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date. Initial: _____</p>	
<p>I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. Initial: _____</p>	
<p>I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations. Initial: _____</p>	
<p>I have read, understand, and agree to the above statements.</p>	
Signature:	Date:

Notification to Obtain Motor Vehicle Report

This notice is to inform you that Optima Plumbing, LLC or our Insurance Company may obtain a Motor Vehicle Report in connection with your application for employment and/or for other employment – related purposes. The Insurance Company may also obtain a report for commercial underwriting purposes only.

Company Name: Optima Plumbing, LLC
335 Old Jones Road
Greer, SC 29651

Employee's Full Legal Name: _____

Employee's Current Street Address: _____

Employee's Current City, State, Zip Code: _____

Employee's Driver's License Number: _____

Date of Birth: _____

Social Security Number: _____

AUTHORIZATION FOR COMPANY TO OBTAIN MOTOR VEHICLE REPORT

I, _____ authorize Optima Plumbing, LLC and/or its Insurance Company to obtain a motor vehicle report on myself for use in connection with my application with my application for employment and/or other employment related purpose. I acknowledge that I have reviewed the above notification and that I have been given a copy of the Notification and Authorization. I understand this authorization can only be revoked in writing.

Employee Signature: _____ Date: _____

*****A copy of the employee's driver's license MUST accompany this request. Forms with incomplete information will NOT be processed*****