

Employment Application



Bob Larson Plumbing LLC
4320 128th St E
Tacoma WA 98446
253-475-8440
www.boblaronplumbing.com
Fax 253-536-5862
Email: bobl@boblaronplumbing.com

Applicant's Name (Last, First, Middle Initial): _____

Application Date: _____

Please Read Before Beginning: The information requested on this application will be used to determine your qualifications for employment. All requested information must be provided. Answer completely and accurately.

Do not leave blanks. If a question does not apply or you do not have information, write "N/A" or "Not Applicable."

Once submitted, this document will be kept confidential and remain the property of Bob Larson Plumbing LLC.

Bob Larson Plumbing LLC is committed to a policy of equal employment opportunity. We will not discriminate on the basis of race, creed, color, sex, sexual orientation, age, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

About Bob Larson Plumbing LLC

Bob Larson Plumbing was started in 1992 by Bob Larson. Bob Larson Plumbing targets the residential and commercial plumbing service and market. The company does work with several custom home builders and will perform new installations for these companies.

Bob Larson Plumbing is an established plumbing company with an excellent reputation for performance and as a place to work. The company cares about employees, and insists that employees care about customers. Our purpose is to be PALs—Positively Affecting Lives of all those with whom we come in contact.



Bob Larson Plumbing's office hours are 7:30 a.m. to 4:30 p.m., Monday through Friday. Standard service hours are from 8:00 a.m. to 5:00 p.m. Monday through Saturday. Service personnel are expected to work in excess of 40 hours during periods of high demand and to remain on call from time-to-time. Employees are compensated accordingly.

New hires must provide verification of the right to work in the United States. The company performs background checks on all new hires. New employees work on probation for 90 days.

Benefits

Bob Larson Plumbing offers very competitive pay and benefits. The benefits include:

- Paid Holidays (6 per year)
- Paid vacation (5 days after 1 year, 10 days after 4 years, 15 days after 10 years)
- Social Security
- Matching IRA contributions
- Workman's Compensation Insurance
- Health Insurance
- Long-Term Disability
- Employee Suggestion Program
- Field Service Spiffs & Incentives
- Company Supplied Vehicles
- Field Service Safety Awards
- Field Service Tool Allowance
- Field Service Uniform Allowance
- Company Training
- External Training

Personal Data

Date _____

First Name _____

Middle Name _____

Last Name _____

Social Security Number _____

Street Address _____

City _____

State _____

Zip _____

May we contact you at your work phone?

Yes No

Are you 18 years old or over?

Yes No

If you are under 18, do you have a work permit?

Yes No

Home Phone _____

Mobile Phone _____

Work Phone _____

Have you worked for us before?

Yes No

_____ If yes, when?

_____ If yes, under what name?

_____ If yes, what position(s) did you hold?

Position Desired

Type of work you are applying for:

Laborer

Apprentice Plumber

Dispatch

Plumber's Assistant

Journeyman Plumber

Customer Service Rep

Sewer/Drain Technician

Office

Managerial

Type of schedule:

Part-Time

Regular

Full-Time

Temporary

Days

Seasonal (i.e., summer)

Nights

Weekends

Any

Other (describe): _____

Date Available: _____

How did you select Bob Larson Plumbing (Please name any employee, advertisement, etc.)?

If you receive a conditional offer of employment, can you provide verification of your identity and legal right to work in the United States?

Yes No

Have you ever been convicted of a felony (Do not identify convictions that have been sealed, expunged, dismissed, pardoned, or otherwise eradicated)?

Yes No

_____ If you are not a U.S. citizen, what is your visa status?

Do you have any physical limitations that may inhibit your ability to perform the tasks required of the position you are applying for?

Yes No

Are you currently on "lay off" status and subject to a recall?

Yes No

Education

School Name	Location	Years Attended	Years Completed (Circle)				Diploma Or Degree (Circle)		Major Field of Study
			9	10	11	12	Y	N	
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____

Post Graduate Training Or Certifications	Date	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Technical/Computer Skills

Office/Software

- Microsoft Publisher
- Microsoft Excel
- Microsoft Access
- Microsoft Word
- Quick Books Pro
- Adobe Photoshop
- Switchboard
- 10-Key
- Bookkeeping
- Load Calculation
- Other: _____

Plumbing

- Drain Cleaning
- Septic/Pumping
- Jetting
- Camera
- Pipefitting
- Gas Wet Heating
- Oil Wet Heating
- Hydronic Controls
- Sprinkler Systems
- HVAC
- Other: _____

Job Skills

- Brazing
- Welding
- Electrical
- Backhoe/Trencher
- Carpentry
- Other: _____

Licenses

- Plumbing Journeyman
- Master Plumber
- HVAC Contractor
- Electrical
- Other: _____

Work History

Employer (Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	If Still Employed By This Company, May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Address
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

References

Please list the names and contact information of two business or professional references we may contact. Do not list relatives as references. School or volunteer related references may be listed.

1.

Name

Phone Number, Including Area Code

Address

How Acquainted

2.

Name

Phone Number, Including Area Code

Address

How Acquainted

Please list the names and contact information of two personal references, who have known you for at least five years, who we may contact. Do not list relatives. School or volunteer related references may be listed.

1.

Name

Phone Number, Including Area Code

Address

How Acquainted

2.

Name

Phone Number, Including Area Code

Address

How Acquainted

Emergency Contact

Name

Relationship

Address

Phone Number, Including Area Code

City

State

Zip

Driving Information

Only applicants for plumbing/technician positions that require the use of company vehicles should complete the following. Other applicants should skip this section.

Do you have a current driver's license?

Yes No

Has your driver's license ever been suspended for any reason?

Yes No

Do you have personal automobile insurance?

Yes No

Has your personal automobile insurance ever been cancelled?

Yes No

List all moving traffic violations from the past five years.

Work Availability

Do you have any objections to working overtime?

Yes No

Do you have any objections to being on call?

Yes No

If needed, would you be able to work overtime with little notice?

Yes No

Can you work on Saturday?

Yes No

Can you work evenings?

Yes No

Supplemental Information

Please describe any additional training, qualifications, or other factors we should be aware of.

How do you feel you can contribute to the Bob Larson Plumbing team?

Why do you want to work at Bob Larson Plumbing ?

Applicant's Statement

By signing this application, I agree to the following:

Acknowledge By
Initialing

I declare that the information I have provided in this employment application is complete and truthful to the best of my knowledge. I acknowledge and agree that omitting information or providing false information on this application would be grounds for refusal to hire or termination, if hired.

Acknowledge By
Initialing

I understand that nothing in this employment application, nor anything said to me by any representative of Bob Larson Plumbing during the interview process or afterwards shall constitute a contract of employment or other employment rights.

Acknowledge By
Initialing

I authorize Bob Larson Plumbing to investigate and validate the information provided on this application and give permission to any people or organizations listed on this application to provide Bob Larson Plumbing with any and all information regarding prior employment, education, and other pertinent information they might have, whether personal or otherwise. I release all parties from any liability for damage that might result from the utilization of this information.

Acknowledge By
Initialing

If hired, I authorize Bob Larson Plumbing to provide my employment record and other information surrounding my employment to prospective employers, government agencies, or other parties with an interest that Bob Larson Plumbing at its sole discretion deems appropriate.

Acknowledge By
Initialing

If employed by Bob Larson Plumbing, I agree to conform to Bob Larson Plumbing rules, regulations, and policies as described in the employee handbook and other documents. I understand that these rules and regulations may be modified, discarded, or amended by Bob Larson Plumbing, at any time, without prior notice, at the sole discretion of Bob Larson Plumbing management. I agree to conform to any changes in Bob Larson Plumbing rules, regulations, and policies.

Acknowledge By
Initialing

If employed by Bob Larson Plumbing, I acknowledge that my employment is completely "at will." My employment with Bob Larson Plumbing may be terminated with or without cause, at any time, by me or by Bob Larson Plumbing

Acknowledge By
Initialing

I acknowledge that no representative or employee of Bob Larson Plumbing has the authority to create or enter into an agreement for employment with me for a set time period or assurance of any benefits beyond the terms and conditions described in the employee handbook.

Acknowledge By
Initialing

I agree to a physical examination, psychological examination, and drug testing before the start of employment or following employment, at the discretion of Bob Larson Plumbing.

Signature

Date