

# TIMKEN PLUMBING, INC.

## APPLICATION FORM

DATE:

### PERSONAL

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip:

Home Phone: (  )

Cell Phone: (  )

How long have you lived at your current address?

If less than 3 years; What was your previous address:

Are you over 18 years of age (if not, employment is subject to verification of minimum legal age)?

YES NO

Have you ever applied for employment with us?

YES NO

If yes, Month and Year

How did you hear about Timken Plumbing, Inc.?

Are you legally eligible for employment in the U.S.?

YES NO

When will you be able to work?

Are you employed now?

YES NO

If so, may we inquire of your present employer?

YES NO

Position Desired:

Salary Desired:

Are there any reasons for which you might not be able to perform the job duties normally expected of a plumber (with a reasonable accommodation)?

YES NO

If yes, please explain:

Driver's License #:

State Issued:

Any Violations:

YES NO

**EDUCATION**

Name and Location of School

**High School**

Course of Study	<input type="text"/>	
No. of years completed	<input type="text"/>	
Did you graduate	YES	NO
Degree or Diploma	<input type="text"/>	

**College**

Course of Study	<input type="text"/>	
No. of years completed	<input type="text"/>	
Did you graduate	YES	NO
Degree or Diploma	<input type="text"/>	

**Trade School**

Course of Study	<input type="text"/>	
No. of years completed	<input type="text"/>	
Did you graduate	YES	NO
Degree or Diploma	<input type="text"/>	

**Other**

Course of Study	<input type="text"/>	
No. of years completed	<input type="text"/>	
Did you graduate	YES	NO
Degree or Diploma	<input type="text"/>	

**EMPLOYMENT HISTORY**

(List most recent first)

**Job #1**

Company Name	<input type="text"/>
Telephone	<input type="text"/>
Address	<input type="text"/>

Employment Dates

Name of Supervisor

State Job Title and Describe Work:

Reason for Leaving:

**Job #2**

Company Name	<input type="text"/>
Telephone	<input type="text"/>
Address	<input type="text"/>

Employment Dates

Name of Supervisor

State Job Title and Describe Work:

Reason for Leaving:

Job #3

Company Name	
Telephone	
Address	

Employment Dates

Name of Supervisor

State Job Title and Describe Work:

Reason for Leaving:

**REFERENCES**

Please provide the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

I certify that all of the facts set forth in this application for Employment or reported by me to the Company through a resume, interview, or other means, are entirely true and correct. Any omission or falsification of such facts, regardless of when discovered, shall be ground for immediate revocation of any offer or, if I am hired by the Company, for immediate termination of employment. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I hereby consent to and authorize the Company to conduct a complete investigation of my background including my education, employment history, criminal record, driving and insurability record, and all other facts set forth in this application or reported by me to this Company and its personnel from all liability of any kind for conducting such an investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date