



Employment Application

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NOTICE

TO ALL APPLICANTS

As part of its selection and hiring process, this company engages in drug testing, using a hair sample. In the event that our Company conditionally hires you, you will be required to take a drug test using a hair sample, prior to performing any work.

The hair test is highly sophisticated and capable of detecting trace amounts of various drugs for up to 90 days. Because hair records drug use chronologically and in amounts proportional to the amounts consumed, the hair test can also provide the pattern and quantity of drug use. Drug residues remain permanently entrapped in the hair; they cannot be washed or bleached out.

IF YOU USED DRUGS IN THE LAST 90 DAYS, PLEASE DO NOT WASTE OUR TIME AND YOURS BY APPLYING FOR WORK WITH THIS COMPANY.

TEST RESULTS, WHICH INDICATE THE PRESENCE OF DRUGS, WILL BAR FURTHER HIRING CONSIDERATIONS.

ABOUT YOUR APPLICATION

This form is intended to assist in evaluating your qualifications for employment. Applications must be filled out completely and accurately. Misleading or false information given on this form or during an interview will result in termination of the application process, or if discovered after employment, termination of employment. A Consumer Investigative Report will be obtained for review.

It is the policy of this organization that all applicants will receive consideration without discrimination on the basis of race, color, creed, religion, national origin, ancestry, sex, age or disability.

The selection process of this organization may include drug testing, and/or testing for specific job-related skills and personality traits to assess desirability for a particular position. Test results are the property of the employer and will remain confidential. Any offer of employment may be conditional on passing a medical review or examination.

If you require assistance or accommodation in completing the application form, or in any phase of the employment selection process, please feel free to notify the individual who gave you this application, or the personnel manager of this organization.



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you 18 years or older? YES NO How did you hear about the job? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you have a valid driver's license? YES NO If yes, what state is it issued in? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Job Related Skills: Please list any skills, abilities, equipment knowledge, licenses, or certifications that may be job-related or that you think may be of value in this position or to this company:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma GED

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Work References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Questionnaire

	YES	NO
Are you able to lift and carry 100 pounds?	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable working on ladders, scaffolding or in high places?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work in small spaces?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work Monday through Saturday?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work more than 40 hours per week?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work evenings or night hours when workload requires?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work out of town, staying overnight?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a good driving record?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a good attendance record?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems getting to work on time?	<input type="checkbox"/>	<input type="checkbox"/>

What experience do you have in the plumbing or fire sprinkler industry?

What education do you have that relates to the position you are applying for?

Describe any special knowledge or skills you have acquired through prior work experiences or hobbies.

Is there anything else you would like us to consider while reviewing your application?

Disclaimer and Signature

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. THEN SIGN AND DATE AT THE BOTTOM.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application will result in dismissal.

I authorize investigation of all statements contained herein. I authorize the employers and references listed above to give you any and all information concerning my previous employment and any other pertinent information they may have. I also indemnify the Company against any liability which might result from making such investigation.

In the event that I agree to accept a position with the company, I and the company agree that employment relationship between the company and I is an at will relationship and that the employment relationship and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the company or the employee.

I understand that this application is not, nor is intended to be a contract of employment.

I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature: _____ Date: _____

By checking this box I certify that all of the information I have provided was completed in complete honesty. I also realize any false or misleading information provided may result in failure to be considered for employment.



EEO & Affirmative Action Demographic Data Request

As part of our Affirmative Action Program, we are required by Executive Order 11246 to report the numbers of people who apply at our company by gender and race/ethnic group. Your cooperation will be appreciated in completing the form. This information will **be used only for reporting purposes** as legislated by Federal regulation and will not become a part of your application file or be used in making an employment decision. Submission of this information is **voluntary and confidential**. If you are a Vietnam-era veteran, or other eligible veteran and you would like to be considered under our affirmative action plan, please indicate by answering: Yes No

Printed Name: _____ Date: _____

Gender: Female Male

Hispanic or Latino

Not Hispanic or Latino

White Black or African American American Indian or Alaskan Native

Asian Native Hawaiian or Other Pacific Islander Two or more Races

VIETNAM-ERA VETERAN: A person who (1) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, (2) served on active duty if any such active duty occurred (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964, and May 7, 1975, in all other cases; or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between what is indicated above in (a) or (b).

OTHER PROTECTED VETERAN: A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. (Desert Storm, etc)

NEWLY SEPARATED VETERAN: Any Veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.

In compliance with regulations pursuant to Section 503 of the Rehabilitation Act of 1973 as amended and 38 USC 2012 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974, this company has developed an Affirmative Action Program for the employment of the disabled, disabled veterans, Vietnam era veterans or other veterans. The program may be reviewed and/or discussed by contacting the EEO Officer during normal business hours.



Disclosure and Authorization for Release of Information

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-168u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights under the Fair Credit Reporting Act.

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit Howe Heating & Plumbing, Inc. to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substance for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interview with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Howe Heating & Plumbing, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Howe Heating & Plumbing, Inc. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

Signature: _____ Date: _____

By checking this box I certify that all of the information I have provided was completed in complete honesty. I also realize any false or misleading information provided may result in failure to be considered for employment.