

PSM

PETERSON SHEET METAL PLUMBING, HEATING & AIR CONDITIONING

Application for Employment

Personal Information:

| | | |
|---|--------------------|-------|
| Name (Last, First, Middle): | | Date: |
| Present Address (Street, City, State, Zip): | | |
| Permanent Address (Street, City, State, Zip): | | |
| Phone Number: () | Social Security #: | |
| Name (Last, First, Middle): | Referred By: | |

Employment Desired:

| | |
|---|-------------------------------|
| Position: | |
| Date you can start: | Salary Desired: |
| Are you employed now? | May we contact your employer? |
| Have you ever applied to this company before? | When? |
| Where? | |

Other Information:

| |
|---|
| Subjects of special study or research work: |
| |
| Special Training: |
| |
| Activities (civic, athletic, etc.): |
| |

Education:

| School | Name & Location | Graduated | | Major Subjects | GPA |
|------------------------|-----------------|-----------|----|----------------|-----|
| | | Yes | No | | |
| Grammar School | | | | | |
| High School | | | | | |
| College | | | | | |
| Other (Specify) | | | | | |

Application for Employment (cont.)

Former Employers (last 10 years, starting with present or most recent):

| Date Month & Year | Name & Address of Employer | Salary | Position | Reason for Leaving |
|--|----------------------------|--------|----------|--------------------|
| From: | | \$ | | |
| To: | | Per: | | |
| Were you subject to the Federal Motor Carrier Safety regulations during this period? | | | Yes / No | |
| From: | | \$ | | |
| To: | | Per: | | |
| Were you subject to the Federal Motor Carrier Safety regulations during this period? | | | Yes / No | |
| From: | | \$ | | |
| To: | | Per: | | |
| Were you subject to the Federal Motor Carrier Safety regulations during this period? | | | Yes / No | |
| From: | | \$ | | |
| To: | | Per: | | |
| Were you subject to the Federal Motor Carrier Safety regulations during this period? | | | Yes / No | |

References Required (give the names of **three** persons not related to you, whom you have known at least one year):

| Name | Address & Phone Number | Business | Years Acquainted |
|------|------------------------|----------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

In case of emergency, notify: _____
 Address: _____ Phone: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

Signed: _____ Date: _____

| | | |
|-----------------|-------------|-----------|
| Interviewed by: | | Date: |
| Remarks: | | |
| Neatness: | | |
| Ability: | | |
| Hired: | Department: | Position: |
| Start Date: | Salary: | |

Approvals:

1. Employment Manager

2. Employment Head

3. General Manager



Application for Employment - Driver Information

If your above address is less than 3 years old, continue listing them below to cover the previous 3 year period:

| | | | |
|-----------|------|-------|-----|
| 1. Street | City | State | Zip |
| 2. Street | City | State | Zip |
| 3. Street | City | State | Zip |
| 4. Street | City | State | Zip |

Use backside of sheet for additional addresses.

Driver's License Information (all licenses held, last 3 years):

| | | |
|----------|-----------|-----------------|
| 1. State | License # | Expiration Date |
| 2. State | License # | Expiration Date |
| 3. State | License # | Expiration Date |

Experience:

| | | |
|------------------------|--------------|----------------------------|
| Type of Vehicle Driven | Dates Driven | Approximate Mileage Driven |
| Type of Vehicle Driven | Dates Driven | Approximate Mileage Driven |
| Type of Vehicle Driven | Dates Driven | Approximate Mileage Driven |

All accidents, last 3 years (if none, write NONE):

| | | | |
|------|----------|------------|----------|
| Date | Describe | Fatalities | Injuries |
| Date | Describe | Fatalities | Injuries |
| Date | Describe | Fatalities | Injuries |

List all Traffic Violations Convictions, last 3 years (if none, write NONE):

| | | | |
|------|-----------|-------|--------------------------------|
| Date | Violation | State | Commercial Vehicle Yes / No |
| Date | Violation | State | Commercial Vehicle Yes / No |
| Date | Violation | State | Commercial Vehicle Yes / No |
| Date | Violation | State | Commercial Vehicle Yes / No |
| Date | Violation | State | Commercial Vehicle Yes / No |
| Date | Violation | State | Commercial Vehicle Yes / No |
| Date | Violation | State | Commercial Vehicle Yes / No |

Have you ever had any drivers license denied, suspended, revoked or canceled by any issuing state agency?

| | | |
|----------|-------------|-------------------|
| Yes / No | Explanation | State of Issuance |
|----------|-------------|-------------------|





Date: _____

I _____ give Peterson Sheet Metal permission to obtain my driving record.

Driver's License #: _____

Expiration Date: _____

Date of Birth: _____

(Signature)

(Print Name)



Peterson Sheet Metal has an Alcohol and Drug Policy in place.

All new employees will be screened prior to starting employment.

Failure to submit to testing or failing the pre-employment screening will result in the applicant being rejected.

Peterson Sheet Metal is committed to a drug free workplace.