



# WELLS PLUMBING & HEATING SUPPLIES

## EMPLOYMENT APPLICATION FORM

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

### APPLICATION FOR EMPLOYMENT

#### APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

**PLEASE COMPLETE PAGES 1-4.** **DATE** \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Telephone ( \_\_\_\_ ) \_\_\_\_\_ DOB: \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Mon \_\_\_\_\_ Fri \_\_\_\_\_

and salary desired (2) \_\_\_\_\_ Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART TIME ONLY \_\_\_ FULL OR PART TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	MAJOR & DEGREE
High School			
College			
Bus. Or Trade School			
Professional School			

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ NO \_\_\_ YES

If yes, explain numbers of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?    \_\_\_ NO    \_\_\_ YES

What is your means of transportation to work? \_\_\_\_\_

Driver's license Number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_ Operator    \_\_\_ Commercial(CDL)    \_\_\_ Chauffeur

Have you had any accidents during the past three years? \_\_\_    How many? \_\_\_

Have you had any moving violations during the past three years? \_\_\_    How many? \_\_\_

OFFICE ONLY

Typing    \_\_\_ Yes    \_\_\_ No    \_\_\_ WPM    10-key    \_\_\_ Yes    \_\_\_ No    Word Processing    \_\_\_ Yes    \_\_\_ No    \_\_\_ WPM

Personal Computer    \_\_\_ Yes    \_\_\_ No    \_\_\_ PC    \_\_\_ Mac    Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

An Application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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**APPLICATION FOR EMPLOYMENT**

	MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Specialty _____ Date Entered _____ Discharge Date _____		

**Work Experience**    Please list your work experience for the **past five years** beginning with you most recent job held.  
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip code Phone number	Name of last supervisor  Your last job title	Employment dates From To	Pay or salary Start Final
Reason for leaving ( be specific)			
List the jobs you held, duties performed, skills used or learned, advances or promotions while you worked at this company.			

Name of employer Address City, State, Zip code Phone number	Name of last supervisor  Your last job title	Employment dates From To	Pay or salary Start Final
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List the jobs you held, duties performed, skills used or learned, advances or promotions while you worked at this company.			

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May we contact your present employer?     Yes                       No  
 Did you complete this application yourself?     Yes                       No  
 If not, who did? \_\_\_\_\_