

Applying For:
Clerical _____
Plumbing _____
A/C-Commercial _____
A/C-Residential _____

Applicant Name: _____

Application Date: _____ - _____ - _____

APPLICATION INSTRUCTIONS

Page Two

List any prescription and non-prescription drugs you are presently taking or have taken (eg: marijuana, Primstine Mist, Sudafed, Dexatrim) on the line provided.

Page Three

Answer all questions and sign/date.

Page Four

Fill in the requested information and sign/date.

Page Five

Complete Section I, and sign/date.

Pages Six, Seven and Eight

This is the standard employment application. Please completely fill out the application by answering all questions to the best of your ability.

When returning your application, please bring your Driver's License, Social Security card and any applicable licenses for the position that you are applying so that we may obtain a copy for our files.

**THANK YOU FOR APPLYING WITH
MILTON B. LEVY & SON PLUMBING, INC.**

PRE-EMPLOYMENT PHYSICAL & CRIMINAL HISTORY CHECK

A Pre-Employment Physical & Criminal History Check are each a part of Milton B. Levy & Son's pre-employment procedure, which enables our company to analyze your eligibility for employment. For consideration of employment with Milton B. Levy & Son you must satisfactorily pass the Company's URINE DRUG SCREEN and CRIMINAL HISTORY CHECK. Please read the following carefully:

APPLICANT: I am presently taking, or have taken the following drugs (including marijuana) or medication (prescription/non-prescription):

NOTICE: MILTON B. LEVY & SON HAS A POLICY PROHIBITING THE POSSESSION AND/OR USE OF ILLEGAL AND UNAUTHORIZED DRUGS, AND PERIODICALLY SEARCHES AND URINE SCREENS ITS WORKING ENVIRONMENT. YOU WILL BE TERMINATED IF THE RESULTS OF YOUR URINE DRUG SCREEN INDICATE YOU HAVE USED ANY ILLEGAL DRUGS OR PRESCRIPTION DRUGS NOT PRESCRIBED TO YOU IN THE LAST 30 DAYS. IF YOU HAVE STARTED TO WORK BEFORE THE RESULTS ARE DETERMINED, AND THE RESULTS OF THE URINE DRUG SCREEN ARE POSITIVE, YOU WILL BE CHARGED FOR THE COST OF THE ENTIRE PHYSICAL EXAMINATION AND DRUG SCREEN. THIS WILL BE DEDUCTED FROM YOUR FINAL CHECK.

CRIMINAL HISTORY QUESTIONNAIRE

If you have been convicted of, or pleaded guilty or no contest (nolo contendere) to a misdemeanor, felony or if there is any such charge now pending, Milton B. Levy & Son must review your criminal history to determine if you are eligible for employment.

The exact crime(s) of which you were convicted or have charge(s) pending (Include dates of each conviction/charge and court action/sentences): (Use back of page if more space is needed)

Specific details leading to conviction(s)/charge(s): (Use back of page if more space is needed)

APPLICANT: I have read and understand this phase of Milton B. Levy & Son's pre-employment requirements as explained to me above. I accept Milton B. Levy & Son's conditions for consideration of employment and consent to the requirements of the URINE DRUG SCREEN, CRIMINAL HISTORY CHECK and any other pre-employment physical examination. I agree in submitting to this medical test that the testing agency is authorized by me to provide the results of this test to Milton B. Levy & Son Companies. I further agree to hold the company, it's agents, directors, officers and employees harmless for any and all liability in connection with the testing for drug and/or alcohol content or the Criminal History Check.

APPLICANT SIGNATURE

WITNESS SIGNATURE

DATE

DATE

Name _____

HAVE YOU HAD A PHYSICAL EXAM IN THE PAST 5 YEARS? _____ YES _____ NO

REASON FOR THE EXAM: _____ YEAR OF EXAM: _____

TO YOUR KNOWLEDGE, DO YOU HAVE ANY OF THE FOLLOWING AILMENTS?
PLEASE CHECK YES OR NO

YES	NO		YES	NO	
_____	_____	Rupture	_____	_____	Defective Sight
_____	_____	Epilepsy	_____	_____	Skin Eruptions
_____	_____	Dizziness	_____	_____	Heart Disease
_____	_____	Metal Fever	_____	_____	Rheumatism
_____	_____	Back Injury	_____	_____	Silicosis
_____	_____	Kidney Trouble	_____	_____	Defective Hearing
_____	_____	Arthritis	_____	_____	Tuberculosis
_____	_____	Illness due to working with chemicals	_____	_____	High Blood Pressure

HAVE YOU RECEIVED WORKMAN'S COMPENSATION FOR ANY INJURIES DURING THE PAST 10 YEARS?
____ YES ____ NO (If yes, describe all such injuries)

1. _____
2. _____
3. _____

WILL YOU ABIDE BY THE SAFETY RULES OF THIS COMPANY? ____ YES ____ NO

IF INJURED, WILL YOU ACCEPT THE MEDICAL FACILITIES RECOMMENDED BY YOUR EMPLOYER?
____ YES ____ NO

NOTE: If approved for hire, a urine drug screen and physical examination are required before you start work. In addition, you are required to take a state-approved defensive driving course within the first 30 days of your employment. The company will pay for these employment requirements. In the event your employment ends within the 3-month probationary period, the charge for the drug screen, physical examination and defensive driving will be deducted from your final paycheck.

HAVE YOU, IN THE PAST THREE YEARS, BEEN ISSUED A CITATION (TICKET) FOR ANY OF THE FOLLOWING?

YES	NO		DRIVERS LICENSE #	_____
_____	_____	SPEEDING	STATE	_____
_____	_____	ACCIDENT	MAY WE CHECK YOUR RECORD?	_____
_____	_____	DRIVING WHILE INTOXICATED		

I hereby certify, under penalty of immediate dismissal, that all the foregoing statements are true and correct and authorize you to consult previous employers. I further certify, that I will report to you all accidents (personal injury, vehicle, or property) regardless of degree or seriousness IMMEDIATELY.

SIGNED _____

DATE _____

**JOB APPLICANT'S INDIVIDUAL ATTESTATION OF
EMPLOYMENT AUTHORIZATION**

I, _____, certify, under penalty of perjury under the laws of the United States of America that I am:

Place an "X" by one:

- _____ a citizen or national of the United States
- _____ an alien lawfully admitted for permanent residence
- _____ an alien who is authorized under the Immigration & Nationality Act or by the Immigration & Naturalization Service

to be hired for employment for _____.
(Position with Milton B. Levy & Son)

SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Last Name			First	Middle	Date of application		
Street address				Social security no.			
City		State	ZIP code		Telephone no.		
How were you referred to Levy & Son? (Check only one)	Advertisement	Employment Agency	By an employee	If so, give name:	Walk-in	Resume or letter	Other

GENERAL INFORMATION

Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you either a U.S. citizen or an alien authorized to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for employment with Levy & Son before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, give date: _____	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position applying for: _____		
On what date would you be available for work? Date: ____ - ____ - ____		
Salary Desired: \$_____ per _____		
Are you able to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Can you work overtime if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate your T-shirt size: <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

EDUCATION HISTORY

School name	Location (city, state)	Major course or subject	Dates attended		Did you graduate?
			From	To	
High school					
Technical/trade					
College					
Other education/training					

ADDITIONAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR INTEREST: _____

SPECIAL SKILLS (RELEVANT TO JOB APPLYING FOR): _____

U.S. MILITARY RECORD

Branch of service _____ From _____ To _____

Present military affiliation: (check one)

None _____ Reserve (active) _____ Reserve (inactive) _____

Kind of training and duty while in service: _____

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

Last or present company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked		
	From	To	
Reason for leaving			
Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked		
	From	To	
Reason for leaving			
Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked		
	From	To	
Reason for leaving			

Which of these jobs did you like best? _____

What did you like most about this job? _____

PROFESSIONAL/WORK REFERENCES

Give the names of three persons, not related to you, whom you have known at least one year:

Name	Title/relationship	Address (street, city, state, zip code)	Phone no. (include area code)	Occupation

**IN CASE OF
EMERGENCY NOTIFY**

Name	Address	Phone Number
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"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personally or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."

DATE

APPLICANT SIGNATURE

**APPLICANT: DO NOT WRITE BELOW THIS LINE
TO BE FILLED OUT BY HIRING MANAGER**

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS:

ABILITIES:

HIRED: Yes No

POSITION:

DEPT:

SALARY/WAGE: \$ _____ PER _____

DATE REPORTING TO WORK:

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER