

Employment Application



Norhio Plumbing, Inc.
11342 Chamberlain Road
Aurora, Ohio 44202
(330) 562-9671 or (440) 543-9511
(330) 562-2678 (fax)
www.norhioplumbing.com
info@norhioplumbing.com

Please Read Before Beginning: The information requested on this application will be used to determine your qualifications for employment. All requested information must be provided. Answer completely and accurately.

Do not leave blanks. If a question does not apply or you do not have information, write "N/A" or "Not Applicable."

Once submitted, this document will be kept confidential and remain the property of Norhio Plumbing, Inc.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability.

Applicant's Name (Last,
First, Middle Initial): _____

Application Date: _____

Personal Data

Date

First Name

Middle Name

Last Name

Social Security Number

Street Address

City

State

Zip

May we contact
you at your work
phone?

Yes No

Are you 18 years
old or over?

Yes No

If you are under
18, do you have a
work permit?

Yes No

Home Phone

Mobile Phone

Work Phone

Have you worked
for us before?

Yes No

If yes, when?

If yes, under what name?

If yes, what position(s) did you hold?

Position Desired

Type of work you are applying for:

- | | | |
|--|--|--|
| <input type="checkbox"/> Technician's
Assistant | <input type="checkbox"/> Service Plumber | <input type="checkbox"/> Dispatch |
| <input type="checkbox"/> Shop-Warehouse | <input type="checkbox"/> Installation
Plumber | <input type="checkbox"/> Customer
Service Rep |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Laborer | <input type="checkbox"/> Office |
| | | <input type="checkbox"/> Managerial |

Type of schedule:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Regular |
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Days | <input type="checkbox"/> Seasonal (i.e.,
summer) |
| <input type="checkbox"/> Nights | <input type="checkbox"/> Any |
| <input type="checkbox"/> Weekends | |

Other (describe): _____

Date Available: _____

How did you select Norhio Plumbing, Inc. (Please name any employee, advertisement, etc.)?

If you receive a conditional offer of employment,
can you provide verification of your identity and
legal right to work in the United States?

Yes No

Have you ever been convicted of a felony (Do not
identify convictions that have been sealed, expunged,
dismissed, pardoned, or otherwise eradicated)?

Yes No

Do you have any physical limita-
tions that may inhibit your ability
to perform the tasks required of
the position you are applying for?

Yes No

Are you currently on
"lay off" status and
subject to a recall?

Yes No

If yes, please explain

Education

School Name	Location	Years Attended	Years Completed (Circle)				Diploma Or Degree (Circle)		Major Field of Study
			9	10	11	12	Y	N	
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____

Post Graduate Training Or Certifications	Date	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Technical/Computer Skills

Office/Software

- Microsoft Publisher
- Microsoft Excel
- Microsoft Access
- Microsoft Word
- Quick Books
- Industry Software
- Adobe Photoshop
- Switchboard
- 10-Key
- Bookkeeping
- Marketing
- Other: _____

Plumbing

- | | | |
|--------------------------|--------------------------|----------------------------|
| Service | Install | |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Piping |
| <input type="checkbox"/> | <input type="checkbox"/> | Faucets |
| <input type="checkbox"/> | <input type="checkbox"/> | Toilets/Urinals |
| <input type="checkbox"/> | <input type="checkbox"/> | Garbage Disposals |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Heaters (Elec & Gas) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tankless Water Heaters |
| <input type="checkbox"/> | <input type="checkbox"/> | Sump Pumps |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Pumps |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial Process Piping |
| <input type="checkbox"/> | <input type="checkbox"/> | Septic Systems |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Treatment Systems |

Job Skills

- Drain Cleaning
- Welding
- Brazing
- Electrical
- Carpentry
- Other: _____

Licenses

- Plumbing Contractor (OCILB)
- Backflow Certified Tester
- Gas Lines
- Fire Sprinkler
- Other: _____

Work History

Employer (Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	<p>If Still Employed By This Company, May We Contact Your Supervisor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Employer Address
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

References

Please list the names and contact information of two business or professional references we may contact. Do not list relatives as references. School or volunteer related references may be listed.

1.

Name

Phone Number, Including Area Code

Address

How Acquainted

2.

Name

Phone Number, Including Area Code

Address

How Acquainted

Please list the names and contact information of two personal references, who have known you for at least five years, who we may contact. Do not list relatives. School or volunteer related references may be listed.

1.

Name

Phone Number, Including Area Code

Address

How Acquainted

2.

Name

Phone Number, Including Area Code

Address

How Acquainted

Emergency Contact

Name

Relationship

Address

Phone Number, Including Area Code

City

State

Zip

Driving Information

Only applicants for positions that may require the use of company vehicles should complete the following. Other applicants should skip this section.

Do you have a current driver's license?

Yes No

State

License

Expiration Date

Has your driver's license ever been suspended for any reason?

Yes No

If Yes, Please Explain

Do you have personal automobile insurance?

Yes No

Insurance Company

Has your personal automobile insurance ever been cancelled?

Yes No

If Yes, Please Explain

List all moving traffic violations from the past five years.

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

Work Availability

Do you have any objections to working overtime?

Yes No

Do you have any objections to being on call?

Yes No

If needed, would you be able to work overtime with little notice?

Yes No

Can you work on Saturday?

Yes No

Can you work on Sunday?

Yes No

Supplemental Information

Please describe any additional training, qualifications, or other factors we should be aware of.

How do you feel you can contribute to our team?

Why do you want to join our team?

Applicant's Statement

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, INCOMPLETE, FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL AT ANY TIME IN THE FUTURE.

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, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I ALSO AUTHORIZE YOU TO OBTAIN INFORMATION REGARDING MY RECORD FROM THE BUREAU OF MOTOR VEHICLES IF THE JOB FOR WHICH I AM APPLYING WILL REQUIRE DRIVING AS A PART OF MY JOB DUTIES.

I UNDERSTAND THAT PURSUANT TO THE COMPANY'S JOB APPLICATION PROCESS I MAY BE REQUIRED TO UNDERGO DRUG TESTING. I FURTHER UNDERSTAND THAT IF I REFUSE TO TAKE OR FAIL THE DRUG TEST, I AM DISQUALIFIED FROM FURTHER EMPLOYMENT CONSIDERATION. I HEREBY KNOWINGLY AND VOLUNTARILY CONSENT TO THE COMPANY'S REQUEST TO UNDERGO DRUG TESTING. I FURTHER RELEASE THE COMPANY AND ITS OFFICERS, AGENTS, REPRESENTATIVES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITY FOR DAMAGES ASSOCIATED WITH OR ARISING FROM MY SUBMISSION TO THESE TESTS.

IF HIRED, I AGREE TO CONFORM TO COMPANY RULES, REGULATIONS AND POLICIES. I UNDERSTAND THAT I WOULD BE AN EMPLOYEE-AT-WILL, AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, FOR ANY REASON, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO SUPERVISOR, MANAGER, OFFICER OR REPRESENTATIVE OF THE COMPANY OR ANY OTHER ENTITY OF THE COMPANY, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR PROVIDING WORK FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING OTHER THAN THE PRESIDENT AND THEN ONLY IN WRITING. I UNDERSTAND THAT NO PROMISE OF A BENEFIT IS BINDING UNLESS MADE IN WRITING AND SIGNED BY THE OWNER OF THE COMPANY.

I AGREE THAT ANY CLAIM I MAY HAVE RELATING TO MY APPLICATION TO, EMPLOYMENT WITH OR SEPARATION FROM THE COMPANY MUST BE FILED WITHIN SIX MONTHS OF INCIDENT GIVING RISE TO THE CLAIM.

READ, UNDERSTOOD AND AGREED.

Signature: _____

Date: _____