

Hedlund Plumbing

Please print and fill out application, then submit to Hedlund Plumbing.

We are an equal opportunity employer. We comply with all applicable Federal, State, and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained be used in violation of any such law.

Today's Date: _____

Social Security #: ____ - ____ - _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Mobile/Other Phone: _____

Position Applying For: _____

Date available for employment: _____

Are you a citizen of the United States? YES NO

Have you ever been convicted of or pleaded guilty to a felony? YES NO

Give details of incident: _____

Are you currently employed? YES NO

Why do you want to make a change in employment? _____

Can you perform duties of the job for which you applied without accommodation? YES
 NO

If you require accommodation, please explain the nature of the accommodation needed:

Employment History:

Employer: _____ From: ___/___/___ To: ___/___/___

Address: _____

Phone: _____

Job Title/Description of work: _____

Hourly Pay/Salary: _____ |___| Hour |___| Week

Reason for leaving: _____

Employer: _____ From: ___/___/___ To: ___/___/___

Address: _____

Phone: _____

Job Title/Description of work: _____

Hourly Pay/Salary: _____ |___| Hour |___| Week

Reason for leaving: _____

Employer: _____ From: ___/___/___ To: ___/___/___

Address: _____

Phone: _____

Job Title/Description of work: _____

Hourly Pay/Salary: _____ |___| Hour |___| Week

Reason for leaving: _____

Record of Education:

High School: _____ Years Completed: _____

Did You Graduate?: YES NO Course of Study: _____

College: _____ Years Completed: _____

Did You Graduate?: YES NO Course of Study: _____

Other: _____ Years Completed: _____

Did You Graduate?: YES NO Course of Study: _____

Summarize any training, skills, courses taken, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Personal References:

Name: _____ Phone: _____ Years Known: _____

Name: _____ Phone: _____ Years Known: _____

Name: _____ Phone: _____ Years Known: _____

Please read the following before signing:

I certify that the information contained in this application and in any resume provided by me is correct and complete to the best of my knowledge. I understand that any false statements, misrepresentations or omissions made by me on this application or any supplement thereto, will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability that may arise by truthful disclosures or such investigations.

If I am hired, I understand that I am free to resign at any time, with or without cause or prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accomodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

YES, I AGREE NO, I DO NOT AGREE

Signature

Date

Please submit application via mail or fax to:

**Hedlund Plumbing
7974 W Grand River Hwy
Grand Ledge, MI 48837**

Fax: (517) 627-8073