



Residential | Commercial | Inspections

421 Schreiner Street Kerrville, TX 78028  
(830)896-0890

## APPLICATION FOR EMPLOYMENT

Last Name:	First Name:	MI:	
Street or Mailing Address:		Apt. No.:	
City:	State:	Zip Code:	County:
Home phone:	Cell phone:		
Email address:	Today's Date:		

**EMPLOYMENT ELIGIBILITY:** To be employed by Holloway Plumbing, you must meet certain eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country.

Are you a U.S. citizen?  YES  NO      If NO, are you an alien authorized to work in the US?  YES  NO

<b>POSITION APPLIED FOR:</b>		<b>CRIMINAL RECORD:</b> Have you ever been convicted of a felony or misdemeanor? If YES, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>AVAILABILITY:</b> What date can you start?  For which category(ies) are you applying? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		For which schedules are you available? <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Other _____	
<b>JOB-RELATED SKILLS:</b> (Note: Do not fill out any part of this section you believe to be non-job-related.)			
Do you have a current valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DISCLAIMER:</b> A copy of your driver's license & social security card is required in order to run your driving record / background check. Please initial below that you acknowledge & consent.	
Name on license: DL#: State of Issue:			
Type: <input type="checkbox"/> Regular/NonM commercial <input type="checkbox"/> Commercial Class: _____ Applicant Initials: _____			
YES <input type="checkbox"/> NO Do you have other licenses or certifications that may be related to the position applied for? If so, list here.			
Texas Plumbing License #:			
YES <input type="checkbox"/> NO Can you perform the essential functions of this job with or without reasonable accommodation? (i.e. heavy lifting, run equipment)			

<b>EDUCATION:</b>			
High School graduate or equivalent (GED)? YES <input type="checkbox"/> NO		City/State:	
Name of College:		City/State:	Graduated? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:
Vocational or other additional education:			

**REFERENCES.** Include only individuals familiar with your work skills. Do not include names of supervisors listed below or relatives.

NAME			ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.				
2.				
3.				

**PREVIOUS EMPLOYERS AND WORK HISTORY:** Describe your work history below, beginning with your most recent job. Include military and volunteer experience. If you worked for the same employer in more than one position, describe each separately. Describe the specific duties, beginning with primary duties. Please give complete information regarding each job or it may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all the information requested in the Work History section below, please fill in that information on the application.

<b>1. Most Recent Employer</b>		Your Job Title		
Address		From (mo/yr)		To (mo/yr)
City	State	Zip Code	Hours per week	
Your Supervisor's Name		Phone # (        )        -	Are you currently working for this Employer?    YES    NO	
If so, may we contact? YES    NO				
Reason for Leaving (or for considering leaving)				
Describe in detail your job duties				
<hr/> <hr/> <hr/> <hr/> <hr/>				
Any related Computer Skills				

<b>2. Second Most Recent Employer</b>		Your Job Title	
Address		From (mo/yr)	To (mo/yr)
City	State	Zip Code	Hours per week
Your Supervisor's Name		Supervisor's phone # (        )        -	
Reason for Leaving			
Describe in detail your job duties			
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Any related Computer Skills

**WORK HISTORY (continued):**

<b>3. Third Most Recent Employer</b>		Your Job Title	
Address		From (mo/yr)	To (mo/yr)
City	State	Zip Code	Hours per week
Your Supervisor's Name		Supervisor's phone # (        ) -        -	
Reason for Leaving			
Describe in detail your job duties			
<hr/> <hr/> <hr/> <hr/> <hr/>			
Any related Computer Skills			

Any related Computer Skills

<b>4. Fourth Most Recent Employer</b>		Your Job Title	
Address		From (mo/yr)	To (mo/yr)
City	State	Zip Code	Hours per week
Your Supervisor's Name		Supervisor's phone # (        ) -        -	
Reason for Leaving			
Describe in detail your job duties			
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Any related Computer Skills			

**APPLICANT NOTE.** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during an interview and/or on this form are grounds for terminating the application process or, if discovered after hiring, for terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job related skills may be required prior to employment.

**CERTIFICATION AND RELEASE.** I certify that I have read and understand the "Applicant Note" (above) and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. When company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Print full name:	Signature:	Date:
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**ADDITIONAL COMMENTS:**

## AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

Last Name	First Name	MI
Title of job applied for:		
<b>Ethnic Background</b> (Check One):  <input type="checkbox"/> Native American <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian, not of Hispanic origin <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other	<b>Gender</b> (Check One):  <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>Veteran/US Military Status:</b>	
<input type="checkbox"/> Special Disabled Veteran <ol style="list-style-type: none"><li>1. A veteran who is entitled to compensation under laws administered by the Dept. of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or</li><li>2. A veteran who was discharged or released from active duty because of a service-connected disability.</li></ol>	
<input type="checkbox"/> Vietnam Era Veteran <ol style="list-style-type: none"><li>1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty occurred (a) In the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases; or</li><li>2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed (a) In the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases.</li></ol>	
<input type="checkbox"/> Other Protected Veteran <ol style="list-style-type: none"><li>1. Other protected veteran is defined as a veteran who served in the military, ground, naval, or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.</li></ol>	

## PERSONAL AND CONFIDENTIAL

*This page contains sensitive information. Keep only in a secure file, separate from other personnel records!*



