

Modley's Plumbing & Heating Employment Reference Form

Applicant name:	
Applicant Job Title:	
Applicant D.O.B:	

Please answer all questions honestly and accurately:

Specific dates of employment: (Please use exact dates)	From: (DD/MM/YYYY)	To: (DD/MM/YYYY)
Job title:		
Nature of work, Specific duties, responsibilities:		
Reason for leaving employment? If dismissed please supply details:		
Was applicant honest and trustworthy at all times? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please supply full details:		
During employment was applicant the subject of a Disciplinary procedure? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please supply full details and outcome		
Would you re-employ applicant? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please state reasons why:		
Do you have any other information you feel would be relevant to an employer?		

Please tick which box accurately applies to the applicant:

	Excellent	Good	Satisfactory	Below Average	Poor
General Conduct					
Work Performance					
Attitude to Work					
Initiative					
Time Keeping					
Relationships with: Colleagues:					
Relationships with: Customers:					

If you indicated applicant is "Below Average" or "Poor" for any category please state your reasons below:

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Signature:	
Date:	
Print Name:	
Date:	
Company name:	
Position Held:	
Telephone number:	
Address:	

Modley's Plumbing & Heating is an equal opportunity employer.

Modley's Plumbing & Heating

APPLICATION FOR EMPLOYMENT

This form complies with federal and state laws against discrimination. Provide all information requested by printing in ink or typing.
Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Or Type Of Employment Desired
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary Desired

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed			
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than English			

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters) Do you have a valid West Virginia state driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a valid Plumber's License? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please indicate type: Plumber-in-Training, Journeyman, or Master Plumber) Plumber-in-Training <input type="checkbox"/> Journeyman <input type="checkbox"/> Master Plumber <input type="checkbox"/>

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
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		Last Salary
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Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:

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