



## Employment Application

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

Position(s) Applied for		Date of Application		
Print Name (Last, First, & Middle)				
Street Address		City	State	Zip Code
Main Phone Number	Alternate Phone Number	Email		

### Education / Training

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities
High School					
College/ University					
Graduate/ Professional School					
Trade School					
Other					

Please list any other experience, job related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment

## Previous Employment

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
Phone Number	Dates Employed (Month/Year)	
	From	To
Job Title and Duties	Reason for Leaving	

## General Information

If hired, can you present evidence of your identity and legal right to work in this country? .....  Yes  No

Social Security #: \_\_\_\_\_

Have you ever worked for this company before?.....  Yes  No

a.) If yes, please give dates and position: \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?.....  Yes  No

a.) If yes, please explain? \_\_\_\_\_

On what date are you available to begin work? \_\_\_\_\_

Desired Salary: \_\_\_\_\_ / per hour

How did you learn about Nixco Plumbing Inc.? \_\_\_\_\_

Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?.....  Yes  No

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with \_\_\_\_\_ (*Named Insured*), I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

**I hereby authorize, without reservation, procurement of my motor vehicle report and further authorize any party or agent contacted to furnish the above-mentioned information to Energy Insurance Agency or its agents.**

If or upon hire, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. I acknowledge that \_\_\_\_\_'s (*Named Insured*) commercial auto insurer and agent will also use this information in conjunction with insurance underwriting, loss control and safety review efforts.

**I agree to release my employer, potential employer, its commercial auto insurer, agent & its employees and those who supplied the company with this information from any liability for any damage that may result from furnishing the requested information or my failure to be hired for the position for which I am applying.**

\_\_\_\_\_  
Employee/Applicant Full Legal Name (include Middle Initial)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issuance

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Employee/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Company Signature

\_\_\_\_\_  
Date

# **DISCLOSURE**

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

