



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

WALTER HILL PLUMBING, INC.
P.O Box 4129
Murfreesboro, TN 37129
P: (615) 893-9013
F: (615) 890-8950

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. Our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use the additional information sheet if you do not have enough room inside the application. **PLEASE PRINT**, except for signature. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

I am seeking Full-time Part-time Temporary employment. I can start work on ____/____/____
mm / dd / Year

Last Name First Name Middle Name

(_____) _____
Telephone Number Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No (If you are hired, you will be required to submit proof of age.)

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Social Security # ____-____-____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you previously employed here? Yes No If yes, when? _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver License Number _____ License Class _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

LIST NAME AND ADDRESS OF SCHOOLS

	Years Completed	Diploma /Degree / Certificate
High School or GED: _____	_____	_____

College or University: _____

Vocational or Technical: _____

Do you have a Plumbers License Yes No State(s) Licensed In _____ License Type _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

ADDITIONAL INFORMATION SHEET

YOUR NAME: