



Marina Plumbing Company

790 139th Avenue, Suite 1 • San Leandro, CA 94578-3219 • (510) 352-6003 Fax (510) 352-6041
 17860A Ideal Parkway • Manteca, CA 95336 • (209) 825-7757

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

APPLICATION FOR EMPLOYMENT

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Last Name	First	Middle	Date
Street Address			Home Phone ()
City, State, Zip			
What was your previous address?			How long at present address? Years Months
Are you over 18 years of age? (Circle One) • Yes • No If not, employment is subject to verification of minimum legal age.			How long at previous address? Years Months
Have you ever applied for employment with us? (Circle One) Yes No If yes, Month and Year Location			Social Security No.
How did you learn of our organization?			
Are you legally eligible for employment in the United States?		When will you be able to work?	
Are you employed now?		If so, may we inquire of your present employer?	
Position Desired: (Circle One) • Plumber Foreman • Journeyman Installer • Laborer • Journeyman Plumber • Apprentice Plumber • Other _____			Pay Expected \$
How many years' experience in the plumbing trade?			
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? (Circle One) • Yes • No If Yes, describe in full:			
Have you physical defects which preclude you from performing certain jobs? • Yes • No If Yes, describe limitation(s):			
Drivers License #		State	Any Violations? • Yes • No

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SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				• Yes • No	
High				• Yes • No	
Trade School				• Yes • No	
Other				• Yes • No	

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	State Job Title and Describe Your Work	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	State Job Title and Describe Your Work	Reason for leaving

5	Company Name	Telephone ()
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Hourly Rate Start Last
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number Reason

R E F E R E N C E S	GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR			
	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
	1.			
	2.			
	3.			

S I G N A T U R E	The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of information contained in the report.	
	Date	Signature