JOB APPLICATION

Scott Wells Plumbing Co. 281 John Wells Road, Hinesville, Georgia 31313 912-369-2067

Scott Wells Plumbing Co. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information			
Applicant Name:			
Address:			
City, State and Zip Code:			
Telephone Number:			
Email Address:			
Date of Application:			
Employment Position Position(s) applying for: Plumber helper (full time)			
How did you hear about this position?			-
What days are you available for work?			
On what date can you start working if you are hired?			
Do you have reliable transportation to and from work	k?		
Salary desired:			
Personal Information			
Are you 18 years of age or older?		Yes	No
Are you a U.S. citizen or approved to work in the Unit	ted States?	Yes	No
What document can you provide as proof of citizensh	nip or legal status?		
		i	
Will you consent to a mandatory controlled substance	e test?	Yes	No
Have you ever been convicted of a criminal offense (felony or misdemeanor)?			No
If yes, please state the nature of the crime(s), when a	and where convicted and disposition of th	e case:	

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

ob Skills/Qualifications	nd qualifications	Alan maniatan familia i	
lease list below the skills a	nd qualifications you possess for	the position for which y	ou are applying:
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Note: Scott Wells Plumbing	Co. complies with the ADA and a	considers reasonable acc	commodation measures
-	ligible applicants/employees to p		
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Education and Training			
ligh School		T	
Name	Location (City, State)	Year Graduated	Degree Earned
College/University	1		
Name	Location (City, State)	Year Graduated	Degree Earned
/ocational School/Speciali		T	
Name	Location (City, State)	Year Graduated	Degree Earned
4-1-4			
Military:			
Are you a member of the	Armed Services?		
What branch of the militar	ry did you enlist?	Water Annual Control of the Control	
What was your military ra	nk when discharged?		
How many years did you s	erve in the military?		
What military skills do you	possess that would be an asset	for this position?	
Previous Employment			
Employer Name:		7	
Job Title:			
Supervisor Name:			
Employer Address:			
City State and Zin Code:			

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Employer Telephone: Dates Employed: Reason for leaving: Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: Employer Name: Job Title: Supervisor Name: Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: References Please provide 2 personal and professional reference(s) below: Reference Contact Information: Do you have a valid drivers lisence? AT-WILL EMPLOYMENT The relationship between you and the Scott Wells Plumbing Co. is referred to as "employment at will." means that your employment can be terminated at any time for any reason, with or without cause, with without notice, by you or the Scott Wells Plumbing Co. Suthority to enter into any agreement contrary to the foregoing "employment at will" relationship, understand that your employment is "at will," and that you acknowledge that no oral or written statem or representations regarding your employment can alter your at-will employment status, except for a writstatement signed by you and either our Executive Vice-President/Chief Operations Officer or the Compa President.		
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