



APPLICATION FOR EMPLOYMENT

Please notify Human Resources Personnel if you require assistance in filling out this application form or in any other phase of the application process so that we may accommodate your needs.

Provide only information which is requested. The provision of nonresponsive information will result in disqualification of this application.

Last Name First Name Middle Initial

Street Name City and State Zip Code

Phone Number

Are you under 18 years of age? Yes _____ No _____

Position Desired _____ Date Able to Start _____

How did you hear about this position? _____

Have you previously worked or applied for a job here? No _____ If Yes, when? _____

Are you able to work all shifts? Yes _____ If No, when are you unable to work? _____

Are you a U.S. citizen or authorized to work legally in the United States? Yes _____ No _____

Education

From-To High School City and State Course Degree

From-To Trade/Technical School City and State Course Degree

From-To College City and State Course Degree

From-To Other Courses/Schooling City and State Course Degree
(Including apprenticeship)

Professional or Technical Licenses (for each list state and date)

Please describe any job-related skills or training not mentioned above.

Former Employees

List below prior employer, starting with last one first

Name and Address of Present or Last Employer

Start Date

Leave Date

Job Title

Name and Title of Supervisor

Phone Number

Description of Work

Reason for Leaving

May we contact your Supervisor?

Name and Address of Present or Last Employer

Start Date

Leave Date

Job Title

Name and Title of Supervisor

Phone Number

Description of Work

Reason for Leaving

May we contact your Supervisor?

Name and Address of Present or Last Employer

Start Date

Leave Date

Job Title

Name and Title of Supervisor

Phone Number

Description of Work

Reason for Leaving

May we contact your Supervisor?

If there were additional employers, please provide the information on additional pages.

PLUMBING HEATING MECHANICAL CONTRACTORS

P.O. Box 600785, Newton, MA 02460 254 Adams Street, Newton, MA 02458

617-527-2345 Fax 617-630-0235 Mass. Lic. 7525 / No. 12715

www.maguirecompany.com

Are you on layoff and subject to recall? Yes _____ No _____

* Are you known to schools/references (prior employers) by another name? Yes _____ No _____

If Yes, what name? _____

*Information sought solely to facilitate reference checks.

Military Service

Branch	Rank	Discharge Date
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Training or Type of Work Done in Military Service _____

References

Please list the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Read Carefully and Sign the Statement Below

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the Company to make inquiries regarding my history and character of prior employers, schools, government agencies etc. and hereby release employers, schools, government agencies or individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

If I am applying for a safety sensitive position, I understand and agree that I may be required to take physical examinations and drug tests as a condition of employment and continuation of employment and I agree to take such tests at such times as

designated by the Company, to provide the Company with the results of such tests and to release the Company, its owners, officers, agents and employees from any claim arising in the use of such tests.

I understand that if employed, I will be an employee "at will" and may be terminated at any time, with or without cause, and with or without notice at the option of either the Company or myself. If I am employed, I agree to abide by the Company's policies, rules and procedures and any changes thereto.

Applicant's Signature _____ Date _____

Voluntary Notification of Protected Classification

In many instances, the Company is required to provide notice if the number of its employees who are considered to be in protected classifications under state and federal law.

Minority Classification notice is requested but not required.

American Indian _____ Asian _____ Black _____ Hispanic _____ Pacific Islander _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Post Employment

Social Security Number _____

In case of emergency notify:

Name	Address	Telephone Number
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