


APPLICATION FOR EMPLOYMENT

Rainforest Plumbing & Air 2911 N. Norwalk Mesa, AZ 85215 480-615-7766 Phone 866-760-6320 Fax jobs@askrain.com	 FOR OFFICE USE ONLY	Position Title	INTERVIEW 1 BY	INTERVIEW 1 DATE
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	INTERVIEW 2 BY	INTERVIEW 2 DATE
		<input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission	PAY RATE	START DATE
			\$	
			APPROVED BY	APPROVED DATE

Our policy is to provide equal opportunity employment opportunities to all applicants and employees without regard to race, color, religion, sex, age, national origin, or veteran status, or any other protected class.

PERSONAL INFORMATION

Name (last, first, middle): <small>Please write one character per box</small>				Will you pass a drug test?		Do you own a vehicle?:	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current address (number, street, apartment no.): <small>This must be a physical address</small>				Cell phone:			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
City:		State:	Zip:	Years:	Home phone:		
Previous address (number, street, apartment no.) <small>This must be a physical address</small>				Are you at least 18 years of age? (equipment)			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
City:		State:	Zip:	Years:	Are you at least 21 years of age? (driving)		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT INTERESTS

Position(s) you are applying for: <input type="checkbox"/> Plumbing Technician <input type="checkbox"/> Helper			Minimum acceptable pay per hour/year:		
<input type="checkbox"/> HVAC Technician <input type="checkbox"/> Clerical <input type="checkbox"/> Other:			\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
Applied here before?:	Employed here before?:	If yes, reason you left:	If yes, when? () Type of employment:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temp		

Our policy does not allow for anyone who has been fired in the past to be re-hired except under rare circumstances. Any individual who has worked here before, requires file research and special approval BEFORE re-hire.

How were you referred for the position you are applying for today?		Days available:		Hours available: <input type="checkbox"/> Anytime as needed	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Referral <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Other		S M T W T F S		<input type="checkbox"/> : AM - : PM	
List friends or relatives working for us (include relationship):		If hired, when can you start?		Pay preference:	
				<input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission	

CRIMINAL BACKGROUND CHECK

Have you ever been convicted of any crime?: If yes, explain below If no, skip this section

Conviction includes a plea, verdict or finding of guilt, regardless of whether a sentence is imposed by the court.

Explain:

Are you on probation?:	Are you on parole?:	Are you out on your own recognizance?:	Are you out on bail?:	Is prosecution pending?:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

The existence of a criminal record does not automatically eliminate you from employment consideration. If you answer yes to any of the following, you may be automatically eliminated from consideration for employment. Answers are verified by a criminal background check.

Have you been charged or convicted of a violent or drug related misdemeanor?:	<input type="checkbox"/> Yes, explain:	<input type="checkbox"/> No
Have you been charged or convicted of a felony in the last 10 years?:	<input type="checkbox"/> Yes, explain:	<input type="checkbox"/> No
Is there any pending legal action which may result in a misdemeanor or felony?	<input type="checkbox"/> Yes, explain:	<input type="checkbox"/> No
Have you been charged of a sex crime, ever?:	<input type="checkbox"/> Yes, explain:	<input type="checkbox"/> No
Have you been charged or convicted of a crime involving children, ever?:	<input type="checkbox"/> Yes, explain:	<input type="checkbox"/> No

APPLICATION FOR EMPLOYMENT

APPLICATION FOR EMPLOYMENT

EDUCATIONAL HISTORY

Describe any educational plans or ambitions:			Are you presently enrolled?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Plans to attend this year?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of high school:	City:	State:	Course, major or degree:	Credits:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of college, university or trade school:	City:	State:	Course, major or degree:	Credits:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of college, university or trade school:	City:	State:	Course, major or degree:	Credits:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of college, university or trade school:	City:	State:	Course, major or degree:	Credits:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATIONS OR LICENSES

Name of certificate or license:	Issuing institution:	State:	Date issued:	Expiration date:
Name of certificate or license:	Issuing institution:	State:	Date issued:	Expiration date:
Name of certificate or license:	Issuing institution:	State:	Date issued:	Expiration date:

MILITARY SERVICE

Branch of Service:	Dates of service (mo/Yr): From: To:	Rank at discharge:
What were your duties in the Service? (include special training and duty station):		
Have you had any schooling under the G.I. bill of rights? If yes, please describe:		

PROFESSIONAL REFERENCES

Please provide the names of at least two professional references (NOT relatives and NOT former employers) who have specific knowledge of your work skills or experience and may be contacted by us. Employer references are asked in the next section.

Name:	Company/Job title:	Phone:	Relationship:
NOTES:			
Name:	Company/Job title:	Phone:	Relationship:
NOTES:			
Name:	Company/Job title:	Phone:	Relationship:
NOTES:			
Name:	Company/Job title:	Phone:	Relationship:
NOTES:			

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

Please account for a minimum of FIVE YEARS from this application date, including jobs, volunteer work, schooling, unemployment, self-employment, military service, etc. If you need additional space, please ask for additional pages. Explain all gaps in employment lasting 30 days or more. The information that you provide may be used (and your previous employers may be contacted) for the purpose of investigating your safety performance history information as required by the U.S. Department of Transportation's Federal Motor Carrier Safety Regulations § 391.23(d)-(e). You are entitled to due process rights as specified in the regulation regarding information received as a result of the investigations related to this application.

Employer name:	Dates of service (mo/Yr): From: To:	Pay (final): <input type="checkbox"/> Commission (varies) \$ <input type="checkbox"/> Per Hour <input type="checkbox"/> Salary	
Supervisor's name:	Supervisor's title:	Supervisor's phone:	Best time to call: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Don't contact
Your job title:	Reason for leaving or wanting to leave:	Were you fired?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your job responsibilities and duties:	Do you think this employer would re-hire you in the <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> ?		What was your work schedule?: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temp
Employer name:	Dates of service (mo/Yr): From: To:	Pay (final): <input type="checkbox"/> Commission (varies) \$ <input type="checkbox"/> Per Hour <input type="checkbox"/> Salary	
Supervisor's name:	Supervisor's title:	Supervisor's phone:	Best time to call: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Don't contact
Your job title:	Reason for leaving or wanting to leave:	Were you fired?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your job responsibilities and duties:	Do you think this employer would re-hire you in the <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> ?		What was your work schedule?: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temp
Employer name:	Dates of service (mo/Yr): From: To:	Pay (final): <input type="checkbox"/> Commission (varies) \$ <input type="checkbox"/> Per Hour <input type="checkbox"/> Salary	
Supervisor's name:	Supervisor's title:	Supervisor's phone:	Best time to call: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Don't contact
Your job title:	Reason for leaving or wanting to leave:	Were you fired?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your job responsibilities and duties:	Do you think this employer would re-hire you in the <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> ?		What was your work schedule?: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temp
Employer name:	Dates of service (mo/Yr): From: To:	Pay (final): <input type="checkbox"/> Commission (varies) \$ <input type="checkbox"/> Per Hour <input type="checkbox"/> Salary	
Supervisor's name:	Supervisor's title:	Supervisor's phone:	Best time to call: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Don't contact
Your job title:	Reason for leaving or wanting to leave:	Were you fired?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your job responsibilities and duties:	Do you think this employer would re-hire you in the <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> ?		What was your work schedule?: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temp
Employer name:	Dates of service (mo/Yr): From: To:	Pay (final): <input type="checkbox"/> Commission (varies) \$ <input type="checkbox"/> Per Hour <input type="checkbox"/> Salary	
Supervisor's name:	Supervisor's title:	Supervisor's phone:	Best time to call: <input type="checkbox"/> Day <input type="checkbox"/> Eve <input type="checkbox"/> Don't contact
Your job title:	Reason for leaving or wanting to leave:	Were you fired?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your job responsibilities and duties:	Do you think this employer would re-hire you in the <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> ?		What was your work schedule?: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temp

APPLICATION FOR EMPLOYMENT

GENERAL

Describe technical expertise and/or equipment you operate:	Years of experience:
Check the areas below in which you have expertise: <input type="checkbox"/> Plumbing <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Heating <input type="checkbox"/> Refrigeration <input type="checkbox"/> General	Are you currently employed?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any other specialties you may have:	Describe any driving restriction:
	Is your driver's license current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any work for which you are not willing to do:	Are you willing to be on-call?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any work restrictions?:	Will you work on commission?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACT

Name (last, first):	Please write one character per box	Relationship?:																																								
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																										
Current address (number, street, apartment no.):	This must be a physical address	Cell phone:																																								
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																						<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				
City:	State:	Zip:																																								
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																										
		Years:																																								
		Home phone:																																								
		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																																								

APPLICANT STATEMENT

I understand that any offer of employment from Rainforest Plumbing & Air will be contingent upon the company's receipt of proof that I am legally authorized to work in the United States, a satisfactory report following my pre-employment drug test, a satisfactory report following a Fair Credit Reporting background check, and/or a satisfactory report following a criminal background check. I further understand that Rainforest Plumbing & Air may verify the statements I have made regarding my academic background, employment history, and any criminal convictions that may be on my record. I give Rainforest Plumbing & Air consent to conduct upon me a drug and/or alcohol test, a Fair Credit Reporting background check, and a criminal background check. I authorize my past employers, schools and the persons named as references to give Rainforest Plumbing & Air work-related information about me. I understand that all offers of employment will be contingent upon receipt of satisfactory verification of information. I understand that if I fail any pre-employment requirements, that I may re-apply in 6 months time.

I hereby certify all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Rainforest Plumbing & Air is truthful and accurate. I understand that if any information provided by me on this employment application or any other information provided by me in the course of applying for employment is found to be false, untruthful or misleading, that such will be cause for immediate rejection of my application for employment. I further understand that if I am hired as an employee and at any other time thereafter it is discovered that any information provided by me on this employment application or any of the other information provided by me in the course of applying for employments at Rainforest Plumbing & Air is found to be false, untruthful or misleading, I will be subject to immediate termination from employment.

I also understand that this employment application and any other company documents are not contracts of employment, and that if I am offered and accept employment, my employment will be "at will", which may be terminated by myself or by Rainforest Plumbing & Air at any time with or without notice and with or without cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon.

I CERTIFY THAT I UNDERSTAND THE ABOVE AND HEREBY STATE THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES AND INFORMATION ARE TRUTHFUL, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Applicant signature:	Date:				
<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 75%;"></td> <td style="width: 25%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 75%;"></td> </tr> </table>		

This application will remain active for 60 days from this date. After that time, the applicant must update, initial changes, re-sign/date.