



## **RUSSELL & SONS PLUMBING, INC.**

6015 NE 88<sup>th</sup> Street  
Vancouver, WA 98665  
Phone (360) 949-7697  
Fax (360) 953-8976

Email [mark@rsplumbing.net](mailto:mark@rsplumbing.net)

### **TO ALL APPLICANTS,**

Thank you for applying to Russell & Sons Plumbing, Inc. Russell & Sons Plumbing, Inc. is a licensed plumbing contractor serving Washington and Oregon. Our field of staff of plumbers includes both Journeyman and apprentices.

#### **CAREERS AVAILABLE AT RUSSELL & SONS PLUMBING, INC.**

Russell & Sons Plumbing, Inc. has several positions on staff. Those positions include Journeyman Plumbers, Apprentice Plumbers, Administrative, and Laborers. Russell & Sons Plumbing, Inc. offers a full benefit package including medical and dental benefits, 401K package, and paid vacation. Pay rates are determined by licenses held and experience.

# EMPLOYMENT APPLICATION

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**Important:** PLEASE READ THESE INSTRUCTIONS PRIOR TO COMPLETING YOUR APPLICATION. This application must be FULLY COMPLETED for consideration. Do not leave any question or information block unanswered. If you do not know an answer to a question, write UNKNOWN in the block. If the question does not apply to you, place N/A in the answer block or set of blocks. You may attach a resume to this application, but resumes alone will not be considered for employment. DO NOT MARK THE APPLICATION "SEE RESUME".

This company is an equal opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex, or other protected status in accordance with applicable federal and state equal employment laws.

## Applicant Information:

|  |   |                                  |
|--|---|----------------------------------|
| Position Applied For: Please choose one. |   | Application Date:                |
| <input type="checkbox"/> Plumber         | <input type="checkbox"/> Apprentice                                   | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> Other: _____    |   |                                  |
| Date Available for work:                 | Type of Employment Desired:   |                                  |
|  | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |                                  |
|  | <input type="checkbox"/> Temporary: Date from _____ to _____          |                                  |

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Last Name  | First                        | M.I.                        | Date   |
| Home Address   |                              |                             | Apartment/Unit #   |
| City   | State                        | Zip                         |  |
| Mailing Address  |                              |                             |  |
| City   | State                        | Zip                         |  |
| Phone  | E-mail Address               |                             |  |
| Cell   | Social Security No.          | Desired Salary              |  |
| Date of birth  |                              |                             |  |
| Are you a citizen of the United States?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.?      YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?   |
| Have you ever been convicted of a felony?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain  |
| Do you have a valid driver's license in this state?<br>(all applicants are subject to a DWV driving record search) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | License #<br>Expires:  |
| Do you have a valid commercial driving license? (not required)   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, explain   |
| <b>EDUCATION</b>   |                              |                             |  |
| High School/GED  |                              |                             |  |

|  |    |  |        |
|--|----|--|--------|
| From   | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College  |    |  |        |
| From   | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other  |    |  |        |
| From   | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| LIST OTHER CERTIFICATES, TRAINING AND LICENSES HERE: |    |  |        |
|  |    |  |        |
|  |    |  |        |
|  |    |  |        |
|  |    |  |        |

**REFERENCES**

*Please list three (3) professional references who are familiar with your qualifications and actual work history and ability.*

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone ( )    |
| Full Name | Relationship |
| Company   | Phone ( )    |
| Full Name | Relationship |
| Company   | Phone ( )    |

**ARE YOU CURRENTLY EMPLOYED? (YES, PLEASE COMPLETE THIS SECTION. NO, PLEASE LEAVE BLANK)**

|   |                    |                    |
|---|--------------------|--------------------|
| Company   | Phone ( )          |                    |
| Address   | Supervisor         |                    |
| Job Title   | Starting Salary \$ | Ending Salary \$   |
| Responsibilities  |                    |                    |
| From  | To                 | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |

**PREVIOUS EMPLOYMENT**

|   |                    |                    |
|---|--------------------|--------------------|
| Company   | Phone ( )          |                    |
| Address   | Supervisor         |                    |
| Job Title   | Starting Salary \$ | Ending Salary \$   |
| Responsibilities  |                    |                    |
| From  | To                 | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |
|   |                    |                    |
| Company   | Phone ( )          |                    |

|   |    |                              |                             |
|---|----|------------------------------|-----------------------------|
| Address   |    | Supervisor                   |                             |
| Job Title   |    | Starting Salary \$           | Ending Salary \$            |
| Responsibilities  |    |                              |                             |
| From  | To | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference?  |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|   |    |                              |                             |
| Company   |    | Phone ( )                    |                             |
| Address   |    | Supervisor                   |                             |
| Job Title   |    | Starting Salary \$           | Ending Salary \$            |
| Responsibilities  |    |                              |                             |
| From  | To | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference?  |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>MILITARY SERVICE</b>   |    |                              |                             |
| Branch  |    | From                         | To                          |
| Rank at Discharge   |    | Type of Discharge            |                             |
| If other than honorable, explain  |    |                              |                             |
| <b>SPECIAL SKILLS / QUALIFICATIONS:</b>   |    |                              |                             |
| List any special skills or qualifications you may possess:  |    |                              |                             |
|   |    |                              |                             |
|   |    |                              |                             |
|   |    |                              |                             |
| <b>EQUIPMENT / MACHINERY OPERATING SKILLS:</b>  |    |                              |                             |
| List any specialized machinery or equipment that you can operate. Please include any certification dates of formal training received: |    |                              |                             |
|   |    |                              |                             |
|   |    |                              |                             |
| <b>DRIVING EXPERIENCE:</b>  |    |                              |                             |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle?  |    |                              |                             |
| Has a license, permit, or privilege ever been suspended or revoked?   |    |                              |                             |
| If any of the above answers are yes, please explain:  |    |                              |                             |
|   |    |                              |                             |
| List special courses or training that will help you as a driver:  |    |                              |                             |
|   |    |                              |                             |
| List which safe driving awards you hold and from whom:  |    |                              |                             |
|   |    |                              |                             |

| Accidents-For the past 3 years |  |            |          |       |
|--------------------------------|--|------------|----------|-------|
| Date                           | Nature of accident<br>(head-on, upset, etc | Fatalities | Injuries | Other |
|                                |  |            |          |       |
|                                |  |            |          |       |
|                                |  |            |          |       |
|                                |  |            |          |       |
|                                |  |            |          |       |

| Traffic Convictions and Forfeitures-for the past 3 years |          |                       |
|--|----------|-----------------------|
| Date   | Location | Penalty and/or charge |
|  |          |                       |
|  |          |                       |
|  |          |                       |
|  |          |                       |

**DECLARATION AND CERTIFICATE OF UNDERSTANDING & PERMISSION TO OBTAIN INFORMATION**

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer’s service, whenever it is discovered.

I give Russell & Sons Plumbing, Inc. (hereinafter referred to as employer) the right to contact and obtain information from all references, current and former employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and other representatives from seeking, gathering and using such information and all other persons, corporations or organization for furnishing such information.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application will be used for the purpose of limiting or excusing any application from consideration for employment on the basis prohibited by local, state or federal law.

I understand that this application is current for only 90 calendar days. At that time, if I have not heard from the employer and still wish to be considered for employment, I will be required to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or defined duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that such assurances must be in writing and signed by an authorized officer.

I understand it is this company’s policy not to refuse to hire a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by the ADA.

I also understand that if I am offered a position with employer, I will be required to provide proof of identity, legal work authorization, and pass a pre-employment drug test and a non-discriminatory physical assessment screen as a condition precedent to my employment by employer.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_