



RUSSELL & SONS PLUMBING, INC.

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

Email 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. <input type="checkbox"/> Plumber <input type="checkbox"/> Apprentice <input type="checkbox"/> Laborer <input type="checkbox"/> Other: _____		Application Date:
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? (all applicants are subject to a DWV driving record search)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License # Expires:
Do you have a valid commercial driving license? (not required)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain
EDUCATION			
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"/>
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
SPECIAL SKILLS / QUALIFICATIONS:			
List any special skills or qualifications you may possess:			
EQUIPMENT / MACHINERY OPERATING SKILLS:			
List any specialized machinery or equipment that you can operate. Please include any certification dates of formal training received:			
DRIVING EXPERIENCE:			
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 (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