



Lic. # - CFC0265630

Employment Application

This Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability, or any other basis of discrimination prohibited by applicable local, state, or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED

Name: _____ Street Address: _____
Last First M

Apt # _____
Or Box _____ City _____ State _____ Zip _____

SS No _____ - _____ - _____

Telephone (____) _____
18 or older? [] Yes [] No if not, Birth Date: _____

- Did any employer, school, or reference know you by another name? [] Yes [] No
- If Yes, indicate other name: _____

- **Position for which you are applying:** _____

- What wage/salary do you expect? \$ _____ per _____
- **If hired, when could you start work?** _____

- Are you willing to travel? [] Yes [] No
- If Yes, what percentage? _____
- Would you be willing to relocate? [] Yes [] No
- If Yes, preference: _____

- **Have you ever been employed by this company before?** [] Yes [] No
- If Yes, when and where? _____

- Who referred you to this company for employment? _____



- Names of friends or relatives working for the Company (list name(s) and relationship):

AVAILABILITY:

How many hours per week are you available for work? (LIST TIMES BELOW)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

CERTAIN POSITIONS WITHIN THE COMPANY REQUIRE USE OF A CAR OR OTHER MOTORIZED VEHICLE. IF USE OF SUCH A VEHICLE WERE REQUIRED IN THE JOB, FOR WHICH YOU ARE APPLYING.....

- Do you have a valid Driver's License? [] Yes [] No
- If No, can you obtain one? [] Yes [] No
- Do you have access to a car or other motorized vehicle? [] Yes [] No
- Do you or can you get liability insurance on such a vehicle? [] Yes [] No

YOUR DRIVING RECORD WILL BE CHECKED IF YOU DRIVE A COMPANY VEHICLE.

EDUCATION:

High School _____
 Address _____
 City _____ State _____ Zip _____
 Last grade completed _____
 Grade Point Avg: _____ Did you graduate? [] Yes [] No
Still Enrolled? [] Yes [] No

Trade or College _____
 Address _____
 City _____ State _____ Zip _____
 Last grade completed _____
 Course/Major _____
 Degree(s) or Certification(s) _____
 Grade Point Avg: _____ Did you graduate? [] Yes [] No
Still Enrolled? [] Yes [] No

EMPLOYMENT HISTORY: (start with most recent employer)

Company _____
 Job Title _____
 Address _____
 City _____ State _____
 Salary / Wage _____ per _____ Dates Worked: From _____
 To _____
Still Employed? [] Yes [] No Supervisor _____
 Telephone _____
Reason for leaving _____

Reference Check Performed By _____

Company _____
Job Title _____
Address _____
City _____ State _____
Salary / Wage _____ per _____ Dates Worked: From _____
To _____
Still Employed? Yes No Supervisor _____
Telephone _____

Reason for leaving

Reference Check Performed By _____

Company _____
Job Title _____
Address _____
City _____ State _____
Salary / Wage _____ per _____ Dates Worked: From _____
To _____
Still Employed? Yes No Supervisor _____
Telephone _____

Reason for leaving

Reference Check Performed By _____

*DURING THE LAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR
PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS?
 Yes No
IF YES, DESCRIBE:

* A conviction will not necessarily bar you from employment. Also, see applicable state restrictions below.

MILITARY SERVICE:

Branch _____
Date Entered _____ Discharged _____ RANK _____

Do you have service-related skills applicable to civilian employment? Yes No
If yes, describe:

ADDITIONAL INFORMATION: (all applicants)

List additional training or experience

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully understand the qualifications and duties of the position for which I am seeking employment application (and accompanying resume if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics, and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied, a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that the Company reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the Owner/President of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the Owner/President of this Company.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that the Company and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, the Company may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: This Company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by the Company, and further consent to have the specimen tested at a laboratory selected by the Company. I hereby certify that I (check one) do _____ or do not _____ use illegal drugs.

Signature _____
Date _____

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF
CONSUMER REPORT**

In connection with your application for employment and as part of the process of considering your candidacy as an employee, we may procure, or cause to be procured, a consumer report on you. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Print Name _____
Social Security Number _____
Applicant's Signature _____
Date _____

Date of Birth***

*** (DATE OF BIRTH IS REQUIRED AS AN IDENTIFIER TO REQUEST CRIMINAL RECORDS ONLY. THIS COMPANY DOES NOT DISCRIMINATE BASED ON AGE.)

Also...

D/L # _____

State - _____

Exp - _____



Signature Card
 Fax Transmittal Sheet
 Fax: 407-359-6929

Order ID	Date	S
		B
		R

By signing below I understand and agree to the terms and conditions as set forth. I hereby authorize PlusOne Solutions to release background screening summary results to my employer and client(s) of my employer. I additionally authorize PlusOne Solutions to release a notarized copy of my background screening summary results only upon written request. I waive any legal liability against PlusOne Solutions, and further release PlusOne Solutions, its clients and the employees thereof, named or unnamed, from all liability or claims of any kind, resulting from the obtaining of, or the furnishing of, information contained in the background screening reports.

Statement of Terms and Conditions

Prior to any adverse decision, the Consumer Reporting Agency will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. In the event of an adverse finding, PlusOne Solutions will notify your employer and any client(s) of your employer of any adverse action. In certain situations, it may become necessary for PlusOne Solutions to disclose background screening information without your consent. These situations include, but are not limited to, a subpoena or similar legal process, fraud prevention or legal investigation, risk management and security concerns.

SIGNATURE CARD		
First Name	Last Name	Middle Initial
Signature		Date

This signature card will remain on file and will be used to verify your signature for purposes of authorizing the release of your background screening. Your employer and clients of your employer will not have access to your background screening report unless authorized by you in writing, but will be notified, of a "clear" or "adverse" finding.

In the future, should you request a notarized copy of your background screening clearance be released to someone other than your employer, your signature on the request form will be used as verification against this signature card.

For security purposes, please fill out the section below. Your PlusOne ID is made up of a combination of:

PlusOne Technician ID			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	A	<input type="text"/>	<input type="text"/>
		M M D D	
First 4 characters of your last name	Extra Alpha Char	Month and Day of your birth ex. August 6 = 0806	Last 4 numbers of your social security number

CONFIDENTIAL NOTE
 The information contained in this facsimile message is legally provided and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us at the address above via the United States Postal Service. Thank You.

AUTHORIZATION AND RELEASE

I, ~~X~~ _____ (“Applicant”), submit this authorization for the purpose of participation in Lowe’s installed sales program (“Program”) on behalf of Lowe’s current or prospective installer, North County Plumbing, Inc. (“Vendor”). I acknowledge that I am not an employee of Lowe’s Companies, Inc., Lowe’s Home Centers, Inc., Lowe’s HIW Inc., or any subsidiary thereof (collectively “Lowe’s”).

During the application process and at any time during my participation in the Program, I hereby authorize First Advantage, on behalf of Vendor and Lowe’s, to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

I release First Advantage, their respective employees and agents; Lowe’s, their respective Officers, Directors, employees, agents and assigns; and all other persons, agencies and entities, from any and all liability and damages arising out of or in any way related to obtaining, receiving and/or providing information or reports about me.

Have you been convicted of or plead guilty to or nolo contendere to or no contest to, a felony or misdemeanor, including DUI’s and DWI’s? This would not include minor traffic violations or a case that has been expunged, sealed, dismissed, erased, pardoned or impounded. NOTE: Answering “yes” will not necessarily disqualify a person’s eligibility to participate in the Program. Factors such as age and date of offense, the seriousness of the violation and rehabilitation will be considered.

~~X~~ YES, please explain below. Please add offense, county, and state and date of the conviction.

NO

~~X~~ _____
Applicant’s Signature

~~X~~ _____
Social Security Number

~~X~~ _____
Date

~~X~~ _____
Date of Birth

CA, MN & OK Residents please note: In connection with your application for participation in the Program, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

YES, I am a California resident and would like a free copy of my investigative consumer report.

ACKNOWLEDGEMENT AND RELEASE
FOR
ALCOHOL/DRUG/SUBSTANCE ABUSE POLICY
AND TESTING PROGRAM

I have been told and understand that my employer has a policy that employees under influence of alcohol or chemical substances during working hours may be immediately discharged.

I agree that under appropriate circumstances, particularly if I am involved in an accident during working hours, I may be required and will submit to a test administered by a qualified authority that will determine if alcohol or chemical substances are present. I understand that positive results of this test can effect my eligibility for workers' compensation benefits.

I further understand that employment and continued employment depends upon my agreement to submit at any time and without prior notice to a drug/alcohol screen. I further understand that refusal to submit voluntarily to such tests or the detection of the presence of alcohol or drugs by such a test will result in my immediate discharge.

This policy has been read to me and I fully understand it.

NAME: _____ DATE: _____

WITNESS: _____ DATE: _____

I do hereby authorize my employer or representative of my employer to obtain medical reports, records, or tests which indicate the presence of alcohol or chemical substances in my body.

I agree that a photostat of this authorization be accepted if necessary.

NAME: _____ DATE: _____

WITNESS: _____ DATE: _____

"WARNING: FOR USE ONLY WITHIN ADA GUIDELINES"
 SPECIAL DISABILITY TRUST FUND - HEALTH QUESTIONNAIRE
 THIS QUESTIONNAIRE MUST BE FILLED OUT COMPLETELY BY "ALL" EMPLOYEES

APPLICANT NAME _____

SOCIAL SECURITY # _____

ADDRESS _____

HEIGHT: _____ WEIGHT: _____

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING? PLEASE CHECK YES OR NO.
 ALL YES ANSWERS MUST BE EXPLAINED. ANSWER ALL QUESTIONS.

	YES	NO		YES	NO
EPILEPSY	---	---	PSYCHIATRIC or PSYCHOLOGICAL	---	---
DIABETES	---	---	HEMOPHILIA	---	---
CARDIAC DISEASE	---	---	OSTEOMYELITIS	---	---
DIZZINESS	---	---	STIFF JOINTS	---	---
LOSS OF VISION	---	---	HYPOGLYCEMIA	---	---
POLIO	---	---	MUSCULAR DYSTROPHY	---	---
ANY AMPUTATION	---	---	THROMBOPHLEBITIS	---	---
CEREBRAL PALSY	---	---	HERNIATED INTERVERTEBRAL DISC	---	---
MULTIPLE SCLEROSIS	---	---	BACK SURGERY	---	---
PARKINSON'S DISEASE	---	---	ALLERGIES	---	---
HEAD INJURY	---	---	ARTHRITIS	---	---
HIGH BLOOD PRESSURE	---	---	VARICOSE VEINS	---	---
RHEUMATIC FEVER	---	---	TUBERCULOSIS	---	---
CHEST PAIN	---	---	ULCERS	---	---
SKIN TROUBLE	---	---	CANCER	---	---
KIDNEY TROUBLE	---	---	TOTAL DEAFNESS	---	---
KNEE INJURIES	---	---			



Lic. # CFC026530
4441 Northlake Blvd
Ham Beach Gardens FL 33410
Phone (561) 625-9414
Fax (561) 625-8717

Confidential Information

I am aware that during the course of my employment confidential information will be made available to me, for instance, product designs, marketing strategies, customer lists, pricing policies and other related information. I understand that this information is proprietary and critical to the success of North County Plumbing Inc. and must not be given out or used outside of North County Plumbing's premises or with non-North County Plumbing Inc. employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.

I, _____ on this date _____,
agree that I have received, and will take full responsibility for the North County
Plumbing, Inc. Operation Manual book; as well, the confidentiality of this books
information. I agree not to copy, translate, and or leak any information out side of North
County Plumbing, Inc.

I have read the above statement, and agree to everything above.

Employee's Printed Name

Position

Employee's Signature

Date