



405 Donovans Ln
Kodak, TN 37764
(865) 932-6800 Fax: (865) 932-6802

APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire)

AN EQUAL OPPORTUNITY EMPLOYER
WE ARE A TENNESSEE DRUG-FREE WORKPLACE

Personal Information:

.....

Name: _____
Social Security Number: _____
Street Address: _____
City, State, Zip: _____
Phone No.: _____ Are you 18 years or older? _____
Are you a citizen of the United States? _____
Have you ever been convicted of a felony? _____
Do you have any "special circumstances" we should discuss that could impact your ability to fulfill your employment responsibilities here? _____

Employment Desired:

.....

Position: _____ Date you can start: _____
Salary Desired: _____ Are you employed now? _____
If so, may we inquire of your present employer? _____

Education:

.....

High School: _____ Did you graduate? _____
College: _____
Trade School: _____
Military Service: _____
Special Skills: _____

Former Employers: (List last three, last one first)

1. Name and address of employer: _____
Phone No.: _____ Salary starting/ending: _____
Dates worked: From _____ to _____ Contact Person: _____
Reason for leaving: _____
Job Responsibilities: _____

2. Name and address of employer: _____
Phone No.: _____ Salary starting/ending: _____
Dates worked: From _____ to _____ Contact Person: _____
Reason for leaving: _____
Job Responsibilities: _____

3. Name and address of employer: _____
Phone No.: _____ Salary starting/ending: _____
Dates worked: From _____ to _____ Contact Person: _____
Reason for leaving: _____
Job Responsibilities: _____

Personal References:

Names, addresses, and phone numbers

1. _____
2. _____
3. _____

In case of emergency, notify:

Name, address & phone number: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected, or if I am employed, my employment may be terminated at any time.

Signature: _____

Date: _____

Do not write below this line

Remarks: _____

Reference checks: _____

Interview: _____

Hire? _____

Position: _____

Pay rate: _____

Probation: _____



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Consent for Drug Screen & Pre-Employment Physical

We are pleased to offer you the position of _____ with Quality Plumbing & Mechanical, LLC contingent upon successful completion of your physical, drug screen and verified references from your application. If you are unable to successfully complete any of these tests or verifications, this offer of employment will be rescinded.

If you are offered and accept employment with Quality Plumbing & Mechanical, LLC you may work with and around machinery and equipment that can cause injury to yourself or others. In the interest of safety; for all concerned, you will be required to take a urine test for drug and/or alcohol use as a condition of employment.

I, _____ have been fully informed by my potential employer of the reason for this urine test for drug and/or alcohol. I understand that I am being tested for, the procedure involved and freely give my consent. I also understand that the results of this test will be sent to my prospective employer and become part of my record.

I understand that I will pay up front for the test fee for the Drug Screen in the amount of \$42.00 only and Quality Plumbing & Mechanical, LLC will pay for the Pre-Employment Physical. If the test is negative, and I am hired, Quality Plumbing & Mechanical, LLC will refund me in full at the first payroll period after my date of hire.

If the test results are found to be "negative diluted" I will be financially responsible for further drug testing in order to collect an accurate result. I also understand under these circumstances that Quality Plumbing & Mechanical, LLC will only reimburse the initial \$42.00 fee if the second test comes back clean and I am hired.

If this test is positive, and for this reason I am not hired, I understand that I will be given that opportunity to explain the reasons for the results of this test. No refund of the test will be given if the test is positive.

I authorize the test results of the drug screen and physical to be released to Quality Plumbing & Mechanical, LLC.

Employee: _____

Date: _____

Witness: _____

Date: _____

Our Mission Statement

We are a professional plumbing and mechanical contractor dedicated to developing permanent relationships with our clients, contractors and associates. To this end, our company will provide unparalleled service and performance through Responsiveness, innovation, honesty and professionalism...EVERYDAY!



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AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current address, city, state and zip Dates lived here

Addresses for the past seven years (include street, city, state, zip code)

Date of Birth Other names used (including Maiden) Years used

I, the undersigned, do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. Or any part thereof, and authorize any duly authorized agent of Quality Plumbing & Mechanical, LLC (QPM) to obtain, whether the said records are public or private and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by QPM for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by QPM to furnish the above mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do ___ do not ___ authorize you to contact my current employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to QPM, LLC upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on my which QPM has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Applicant Signature Date