



Employment Application

13321 Immanuel Road, Pflugerville, TX 78660

Office (512) 837-0275 Apply@angellplumbing.com

Personal Information.

First Name: _____ Last Name _____

Current Address: _____

City: _____ Zip Code: _____

Cell Phone: _____

Social Security #: _____ Plumbing License # and State: _____

Date of Birth: _____ Email: _____

Employment Information

Current Employer: (if any) _____

Years of work experience directly related to the position you are applying for: _____

Position applying for: _____ Available to work: Full-Time Part-Time Overtime

Desired Compensation: \$ _____

When are you available to start work? _____

Education

Type of School	Name of School	Years Attended	Location	Completed?
High School				
College/University				
Technical School				

Drivers License Information

Do you have a valid driver's license? Yes No

If no, explain: _____

Driver's license number: _____ State of Issue: _____

Operator Commercial (CDL)

Do you have a clean driving record? Yes No

If no, explain: _____

Work Experience			
Name of Employer: _____	City: _____	State: _____	
Position: _____	Salary: _____		
From (Mo/Yr): _____	To (Mo/Yr): _____		
Duties: _____			
Name of Employer: _____	City: _____	State: _____	
Position: _____	Salary: _____		
From (Mo/Yr): _____	To (Mo/Yr): _____		
Duties: _____			
Name of Employer: _____	City: _____	State: _____	
Position: _____	Salary: _____		
From (Mo/Yr): _____	To (Mo/Yr): _____		
Duties: _____			

References			
Name	Phone number	Relation	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, of employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature: _____

Please email the completed application to apply@angellplumbing.com.

OFFICE USE ONLY			
Hired: <input type="checkbox"/>	Start Date: _____	Salary: _____	
Notes: _____			
Interviewed by: _____		Date: _____	
Entered in TimeStation <input type="checkbox"/>		Reported to New Hire <input type="checkbox"/>	