

# BEST PLUMBING SPECIALTIES, INC.



## EMPLOYMENT APPLICATION



**BEST PLUMBING SPECIALTIES, INC.**  
**OFFICE OF HUMAN RESOURCES**  
 3039 Ventrice Ct. PO Box 30  
 Myersville MD 21773  
 301-695-4488 Fax 301-698-0845  
 WWW.BESTPLUMBINGSPECIALTIES.COM

**To Be Completed by HR Only:**

Application received: \_\_\_\_\_

Background check: \_\_\_\_\_

Reference check: \_\_\_\_\_

Full-time    Part-time

Regular    Temporary

Staff    Sales

Position applying for: \_\_\_\_\_

How did you learn of this employment opportunity?  
 \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

BEST PLUMBING SPECIALTIES, INC. IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER. BEST PLUMBING SPECIALTIES, INC. DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL FOR REASONS OF RACE, COLOR, RELIGION, GENDER, AGE, MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL OR ETHNIC ORIGIN, OR CONDITIONS OF DISABILITY IN THE HIRING OF STAFF, OR ANY TERMS AND CONDITIONS OF EMPLOYMENT. NO INFORMATION GIVEN ON THIS APPLICATION WILL BE USED FOR THE PURPOSE OF SUCH DISCRIMINATION.

Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Hourly rate/Annual salary expected \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you eligible for employment in the United States:  Yes    No *Proof of U.S. Citizenship or Immigration status will be required upon employment.*

Have you previously been employed at Best?  Yes    No. If yes, in what position and dates \_\_\_\_\_

### ACADEMIC & PROFESSIONAL EDUCATION

Name of Institution	Location	Dates Attended	Major	Graduation Date	Diploma/Degree Certification/Licenses

Please list skills and special abilities (for example typing speed, computer applications, equipment skills, presentation delivery, etc.)

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A RESUME WHICH WILL PROVIDE ASSISTANCE IN EVALUATING YOUR QUALIFICATIONS.**

## WORK EXPERIENCE

Please provide your most recent work experience and indicate part-time or full time service. Attach additional sheets if necessary.  
*(Begin with most recent)*

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	# of Hours per week	Reason for Leaving
Position Title:				
Description of work:				
Supervisor's Name/Telephone				
May we contact?: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	# of Hours per week	Reason for Leaving
Position Title:				
Description of work:				
Supervisor's Name/Telephone				
May we contact?: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	# of Hours per week	Reason for Leaving
Position Title:				
Description of work:				
Supervisor's Name/Telephone				
May we contact?: <input type="checkbox"/> YES <input type="checkbox"/> NO				

**PLEASE ATTACH A RESUME WHICH WILL PROVIDE ASSISTANCE IN EVALUATING YOUR QUALIFICATIONS.**

## PROFESSIONAL REFERENCES

Please list three professional references (no personal references please)

Name	Title	Address	Phone

**“UNDER MARYLAND AND OTHER STATE LAWS, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR TEST OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANDOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.”**

By signing below, you are granting permission to Best Plumbing Specialties, Inc. to contact either any of your previous employers to obtain employment information from them, or those individuals that you provided to Best Plumbing Specialties, Inc. for a reference, or to investigate any above information that is relevant to the specific position for which you applied. Further, by signing below, you hereby authorize Best Plumbing Specialties, Inc. to investigate your background and qualifications for purposes of evaluating whether you are qualified for the position for which you are applying. You understand that Best Plumbing Specialties, Inc. will utilize public records available and may utilize an outside firm or firms to assist in checking such information, and by signing below you specifically authorize such an investigation by internet searches, information services and outside entities of the company's choice. You also understand that you may withhold your permission and that in such a case, no investigation will be done, and your application for employment will not be processed further.

Only complete if you are applying for a Sales Representative Position

By signing below, you are authorizing Best Plumbing Specialties, Inc. to obtain and review your motor vehicle record in conformity with the Motor Vehicle Driving Records Policy of Best Plumbing Specialties, Inc. You understand that your motor vehicle record will only be used in conjunction with the Motor Vehicle Driving Records Policy of Best Plumbing Specialties, Inc. and will not be made available or provided to any other party nor used for any other purpose without your express written authorization. You are entitled to a copy of your motor vehicle record if obtained by Best Plumbing Specialties, Inc., should you request it.

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

State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Number: \_\_\_\_\_

I certify that all information contained in this application for employment is true and complete to the best of my knowledge. I understand that any false answers or statements or misleading omissions made by me on this employment application can be sufficient grounds for my rejection as a candidate for employment or for immediate discharge from employment if employed. I further understand that this application by no means constitutes an employment contract

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## COMPLETION OF THE FOLLOWING INFORMATION IS VOLUNTARY

The following EEO/Affirmative Action information is collected in order to meet the reporting requirements set forth by federal regulations. This information will NOT be used in making employment decisions and will NOT be kept with your application for employment purposes.

1. **Sex (Check One):**  Male  Female  Non Binary

2. **Ethnicity (Check One):**

- Hispanic or Latino** - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino**

3. **Race (Check all that apply):**

- American Indian or Alaska Native** - a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
- Black or African American** - a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
- White** - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

4. **Disability/Serious Health Condition**

**A. Do you have any of the following? Check all boxes that apply to you:**

- Deaf or serious difficulty hearing**
- Significant Psychiatric Disorder:** for example, bipolar disorder, schizophrenia, PTSD, or major depression
- Intellectual Disability (formerly described as mental retardation)**
- Epilepsy or other seizure disorder**
- Other disability or serious health condition:** for example, diabetes, cancer, cardiovascular disease, anxiety disorder, or HIV infection; a learning disability, a speech impairment, or a hearing impairment

**If you did not select one of the options above, please indicate whether.**

- None of the conditions listed above apply to me.**
- I do not wish to answer questions regarding disability/health conditions.**

5. **Disabled/Veteran Classification(s):**

- Vietnam Era** - Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.
- Special Disabled Veteran (30% or more disability)** - Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veteran's Administration for disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.
- Disabled Person** - Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

Position applied for: \_\_\_\_\_ Name (optional): \_\_\_\_\_

For MD State reporting purposes, please state D.O.B \_\_\_\_\_