



PLUMBING, INC.

A Professional Plumbing Company

PERSONAL INFORMATION:

Name (Last, First, Middle):

Date of Application:

/ /

Present Address (Street, City, State, Zip):

Phone Number:

()

Social Security Number:

- -

Any relationship to any current Ferrari Plumbing Employees?

Yes or No

If Yes, Please List names:

If No, How did you hear about Ferrari?

EMPLOYMENT DESIRED:

Position Applying for:

Date you can Start:

Are you employed Now? Yes or No

Have you ever applied to Ferrari Plumbing before?

Yes or No

If yes, When?

EDUCATION:

Grammar School Name:

Name and Location:

Did you graduate?

Yes or No

List major Subject studied:

High School:

Name and Location:

Did you graduate?

Yes or No If Yes, What year?

List major Subject studied:

College/University:

Name and Location:

Did you graduate?

Yes or No If Yes, What year?

List major Subject studied:

Other:

Name and Location:

Did you graduate?

Yes or No If Yes, What year?

List major Subject studied:

OTHER INFORMATION:

Special Training:

Skills/Experiante:

Activities/Hobbies/Interests:

EMPLOYMENT HISTORY:

Please list the last four employers, starting with present or most recent first.

Name of Employer (Company): _____
 From: _____ To: _____
 Position: _____
 Name of Supervisor: _____ Phone/Fax/Email: _____
 Salary: \$ _____ per Hour/Week/Year (Please Circle one)
 Reason for Leaving: _____
 May we contact this employer? Yes Yes or No

Name of Employer (Company): _____
 From: _____ To: _____
 Position: _____
 Name of Supervisor: _____ Phone/Fax/Email: _____
 Salary: \$ _____ per Hour/Week/Year (Please Circle one)
 Reason for Leaving: _____
 May we contact this employer? Yes Yes or No

Name of Employer (Company): _____
 From: _____ To: _____
 Position: _____
 Name of Supervisor: _____ Phone/Fax/Email: _____
 Salary: \$ _____ per Hour/Week/Year (Please Circle one)
 Reason for Leaving: _____
 May we contact this employer? Yes Yes or No

Name of Employer (Company): _____
 From: _____ To: _____
 Position: _____
 Name of Supervisor: _____ Phone/Fax/Email: _____
 Salary: \$ _____ per Hour/Week/Year (Please Circle one)
 Reason for Leaving: _____
 May we contact this employer? Yes Yes or No

REFERENCES:

Please give names of three persons not related to you, whom you have known for at least one year.

Name: _____
 Address: _____ Phone: _____
 Business: _____
 Years acquainted: _____

Name: _____
 Address: _____ Phone: _____
 Business: _____
 Years acquainted: _____

Name: _____
 Address: _____ Phone: _____
 Business: _____
 Years acquainted: _____

In case of an emergency, please Notify: _____
 Address: _____ Phone: _____

I authorize investigation of all statements contained in this application including refernece checks, I understand that misrepresentation or omission of facts called for is cause for dismissal. Further I understand and agree that my employment is for no definate period and may, at the descretion of the employer, be terminated at any time without any previous notice.

Signed: _____ Date: _____

Office Use Only:

Interviewed by:

Comments: