

Senninger Plumbing Company, Inc.

11107 Cedar Creek Road - Louisville, KY 40229
(502) 239-3264 - Fax (502) 239-2460

Revised January 1, 2000

5800 Kingpost Court - Lexington, KY 40509
(606) 263-5607 - Fax (606) 263-4044

Name: _____

Date: _____

Address: _____

SS#: _____

Driver's License #: _____

KY Journey License #: _____

Master License #: _____

Phone #: (____) ____ - ____

Emergency #: (____) ____ - ____

PLUMBING EXPERIENCE

Residential Work: Rough _____ Finish _____
Slabs _____ 1 story _____ 2 story _____

Commercial Work: Office bldg. _____ Dentist office _____ Roof drains _____
Acid piping _____ Apts. _____ Water boiler _____

Service Work: Water heaters _____ Residential _____ Commercial _____
Boilers _____ Pumps _____ Cistern _____
Well _____ Sewage lift _____

Remodel Work: _____

Utilities: Res. Sewers _____ Storm sewers _____ Sewer mains _____
Water Serv. _____ Set manholes _____ Septic sys. _____
Lay outs _____ Gas serv. _____ New _____
Repair _____

What type of work do you prefer? _____

EQUIPMENT EXPERIENCE

Backhoe: John Deere _____ Case _____

Jackhammer _____ Trencher _____ Bob Cat _____ Cutting Torch _____ Drill _____

Electric Saw _____ Fork Lift _____ Laser Beam _____ Dump Truck _____ Comb. _____

Concrete Saw _____ Welder _____ Hoe Ram _____

Capabilities: Run Crews _____ Lay Out Jobs _____ Estimates _____

Mat. Takeoff _____ Water Test _____ Finals _____

Sewer _____ Mechanic Abilities _____

EDUCATION

Type	School or Company Name & Location	Weeks/Months/Years Completed	Degree/Certificate or Diploma
High School			
College			
Technical or Other			
Specialized courses related to position			

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION & APPLICANT STATEMENT: I certify that the facts contained in the application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or termination if I have been employed, no matter when discovered by the company.

I understand that any employment is conditional on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employer and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosures. In addition, I release the Company from any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such an investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon the Company unless made in writing.

IF I am offered employment I agree to submit to a medical examination (if requested) and a drug screen before starting work. If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations, tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment of continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that this application will be considered active only for the time period specified by the Company. At the conclusion of that time, if I have not been heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures in whole or in any part at any time.

Date _____ Signature _____

NOTE: If you hold a valid Commercial Drivers License please request part two of the application dealing with information required by the Department of Transportation.

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Senninger Plumbing Company, Inc. Affirmative Action Voluntary Information

Senninger Plumbing Co., Inc. considers all applications for positions without regard to race, color, religion, sex, national origin, citizenship, age, disabilities, or veteran status. We do not discriminate on the basis of any unlawful criteria. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this application data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

APPLICANT INFORMATION

Name _____ Telephone # (____) ____ - ____
Last First Middle

Address _____
Street # & Name Apt. # City County State Zip

____ Male ____ Female

Position(s) Applied For _____

Referral Source:

____ Walk-in ____ Government Employment Agency ____ Private Employment Agency

____ Employee ____ Relative ____ School

____ Advertisement - Source _____ Other _____

Name of person who referred you if applicable _____

Please check one of the following Equal Employment Opportunity Identification Groups:

____ White (not of Hispanic origin) ____ Black (not of Hispanic origin)

____ Hispanic ____ American Indian/Alaskan Native ____ Asian/Pacific Islander

____ Multiracial (having parents of different races) This identification group is recognized only in the state of Michigan.

Signature

Date

**SENNINGER PLUMBING COMPANY, INC.
INVITATION TO SELF IDENTIFICATION FOR
INDIVIDUALS WITH DISABILITIES, SPECIAL DISABLED VETERANS
AND VETERANS OF THE VIETNAM ERA**

Senninger Plumbing Co., Inc. is subject to the requirements of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (36 USC 4212), and to the requirements of Section 503 of the Rehabilitation Act of 1973, as amended, and their implementing regulations. These Acts and regulations require that Senninger Plumbing Co., Inc. take affirmative action to employ, and to advance in employment, qualified individuals with disabilities , special disabled veterans, and veterans of the Vietnam era.

If you are a person with a disability, a special disabled veteran, or a veteran of the Vietnam era, and would like to be considered under the Affirmative Action Program, please tell us. Providing the information is voluntary. If you do not wish to identify yourself at this time as a person with a disability, a special disabled veteran, or a veteran of the Vietnam era, you will not be subject to any adverse treatment. If you do wish to identify yourself, the information provided will be used only in accordance with the Acts and the regulations. This means that the information provided will be kept confidential, except that; (1) supervisors and managers may be informed of any restrictions on work or duties of the individuals with disabilities or special disabled veterans, and of any necessary accommodations, (2) first aid and safety personnel may be informed when and to what extent appropriate, if a particular handicap or disability may require emergency treatment, (3) government officials investigating compliance with the Acts shall be informed, (4) the information will be used only in accordance with the Acts and their implementing regulations, and (5) the information will be used to ensure proper placement.

In order to assist us in making proper placement, we ask that if you have a handicap or disability which might affect your job performance or create a hazard to yourself or others in connection with the job for which you are applying, you tell us:

(a) what skills and/or procedures you use or intend to use to perform the job notwithstanding that disability, and

(b) what accommodations we could make which would enable you to perform the job properly and safely. This might include special equipment, changes in the physical layout of the job, elimination of certain non-essential duties, or other accommodations.

I certify that I have read the above INVITATION TO SELF IDENTIFICATION and that I understand the terms. I further attest, by checking the appropriate block and signing below, that I am:

_____ a person with a disability

_____ a special disabled veteran

_____ a veteran of the Vietnam era

_____ none of the above

Signature _____ Date _____

SENNINGER PLUMBING COMPANY, INC.

APPLICATION FOR EMPLOYMENT

Senninger Plumbing Co., Inc. will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin, or for being a Vietnam era veteran, or a special disabled veteran. The Company will take affirmative action to ensure that applicants are employed, and that employees are treated, during employment, without regard to their race, color, sex, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, or selection for training, including apprenticeship. Senninger Plumbing agrees to post in a conspicuous place, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

PLEASE PRINT

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street # & Name Apt. # City County State Zip

Permanent Address _____
Street # & Name Apt. # City County State Zip

Present Telephone (____) ____ - ____ Permanent Telephone (____) ____ - ____

Other Telephone (____) ____ - ____

Position Applied For _____ Years of Experience _____

Second Choice _____ Years of Experience _____

Have you previously been employed with Senninger Plumbing Co., Inc.? _____

If yes, where? _____ When? _____ (beginning & ending dates)

Reason for leaving _____ Supervisor _____

Who recommended you to Senninger Plumbing? _____

Do you have any friends or relatives who are employed by the company? _____

Please specify _____
Name Relationship

Date you are available for work _____ Are you available to work overtime? _____

Are you available to work out of town? _____ Do you have a valid drivers license? _____

Drivers license number (if essential to job function) _____ State _____

If you are under 18 years of age, can you provide proof of eligibility to work? _____

Previous Employment

Dates Mo./Yr.	Employer Name Phone Address (City/State)	Your Position Supervisor Name	Base Rate of Pay	Reason for Leaving
From	Name	Position	\$	
	Phone			
To	Address	Supervisor	\$	
From	Name	Position	\$	
	Phone			
To	Address	Supervisor	\$	
From	Name	Position	\$	
	Phone			
To	Address	Supervisor	\$	
From	Name	Position	\$	
	Phone			
To	Address	Supervisor	\$	
From	Name	Position	\$	
	Phone			
To	Address	Supervisor	\$	

Are you employed now? _____ If yes, may we call your present employer? _____