



441 Elmgrove Rd, Rochester, NY 14606
(585) 426-6068 gattiplumbing.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
First Name Middle Initial Last Name

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Medical Insurance Desired? YES NO

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you been convicted of a DWI, DUI, or any other misdemeanor or felony? YES NO Have you had your Driver's License for at least 3 years? YES NO

If yes, explain when it occurred and what the outcome was:

Do you have any physical condition OR previous injury which may limit your ability to perform certain jobs? YES NO Do you have any physical condition OR previous injury that will affect you lifting more than 50 lbs? YES NO

If yes, explain:

Do you have hour restrictions that will inhibit you from working certain days or hours of the week? YES NO If applying for service, do you have a safe parking space to park the company vehicle? YES NO

If yes, explain:

The nature of our business will require you to work overtime on an "as needed" basis and as emergencies arise. Will you be available? YES NO

If no, explain:

Have you served in an apprenticeship, for how long and what trade? YES NO

If yes, where served, what trade and when:

Mechanical and/or Technical Experience:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that drug testing is mandatory and will be administered without notice.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Empty rectangular box for office use.