

**APPLICATION FOR HOURLY EMPLOYMENT**



**OFFICE USE ONLY**

HIRE DATE \_\_\_\_\_ DEPT. AND SHIFT \_\_\_\_\_  
 EMPLOYEE NUMBER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
 START TIME \_\_\_\_\_ JOB TITLE \_\_\_\_\_

**PLEASE PRINT**

FULL-TIME     PART-TIME     SUMMER    Earliest Date Available: \_\_\_\_\_  
 [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

<b>NAME</b>	(Last)	(First)	(Middle)	<b>SOCIAL SECURITY NO.</b>	<b>TODAY'S DATE</b>
<b>CURRENT ADDRESS</b>	(Street)	(City)	(State)	(Zip)	How long at this address? <b>HOME PHONE</b>
<b>PREVIOUS ADDRESS</b>	(Street)	(City)	(State)	(Zip)	How long at this address? <b>CELL PHONE</b>

**IN THE EVENT OF EMERGENCY NOTIFY** (Name, Address in Full, Phone)

**To Applicant:** Mansfield Plumbing Products and its divisions is an equal opportunity employer and considers all qualified applicants without regard to race, color, religion, sex, national origin, ancestry, physical or mental handicap, medical condition, marital status, age, or veteran status.

**PERSONAL DATA**

- AGE**  
 Are you under 18 years of age?     Yes     No  
 If hired, you will be required to submit verification of age.
- EMPLOYMENT ELIGIBILITY**  
 If hired, you will be required to show proof of employment eligibility in accordance with the Immigration Reform and Control Act of 1986.
- If checked as requirement of the job, please answer.  
 Do you have a valid Driver's License?     Yes     No    D.L.# \_\_\_\_\_

**MILITARY (U.S. only)**

- If you have had U.S. Military Service, answer the following:  
 Branch: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Jobs in Service: \_\_\_\_\_  
 Relevant skills, training or supervision acquired during U.S. Military Service: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION**

- Position applying for: \_\_\_\_\_
- Referred by: \_\_\_\_\_ Rate Expected: \$ \_\_\_\_\_ per \_\_\_\_\_
- Please rank your shift preference (1-3):    First Shift \_\_\_\_\_    Second Shift \_\_\_\_\_    Third Shift \_\_\_\_\_

- Have you ever worked for this company or any other Mansfield Plumbing company?  
 Yes     No    If "yes": Facility \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_
- Have you made a previous application for employment at this facility?  
 Yes     No    If "yes": Date \_\_\_\_\_

**EDUCATIONAL RECORD**

- Circle last school grade completed:    1    2    3    4    5    6    7    8    9    10    11    12  
 College:    1    2    3    4    5    6    If no diploma, GED?     Yes     No
- High school name/location: \_\_\_\_\_

12.	NAME OF COLLEGE OR UNIVERSITY	MAJOR	WHAT DEGREE DID YOU RECEIVE?

13.	TRADE SCHOOLS & SPECIAL TRAINING NAME OF SCHOOL	NAME OF COURSE	LENGTH OF COURSE

- Grade point average in High School: \_\_\_\_\_ College: \_\_\_\_\_  
 Extracurricular Activities in High School: \_\_\_\_\_  
 Extracurricular Activities in College: \_\_\_\_\_

**PLEASE SEE OTHER SIDE** →

**PERSONAL REFERENCES**

15. Please list two references. Use full names. Do not include former employers or relatives

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT RECORD – Begin with last or present job. ALL EMPLOYMENT RECORDS WILL BE VERIFIED.**

COMPANY NAME _____				SPECIFIC DUTIES _____	
STREET ADDRESS _____				_____	
CITY / STATE / ZIP _____		PHONE _____		_____	
JOB TITLE _____				SUPERVISOR _____	
DATES EMPLOYED	From (month/year)	To (month/year)	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING

COMPANY NAME _____				SPECIFIC DUTIES _____	
STREET ADDRESS _____				_____	
CITY / STATE / ZIP _____		PHONE _____		_____	
JOB TITLE _____				SUPERVISOR _____	
DATES EMPLOYED	From (month/year)	To (month/year)	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING

COMPANY NAME _____				SPECIFIC DUTIES _____	
STREET ADDRESS _____				_____	
CITY / STATE / ZIP _____		PHONE _____		_____	
JOB TITLE _____				SUPERVISOR _____	
DATES EMPLOYED	From (month/year)	To (month/year)	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING

COMPANY NAME _____				SPECIFIC DUTIES _____	
STREET ADDRESS _____				_____	
CITY / STATE / ZIP _____		PHONE _____		_____	
JOB TITLE _____				SUPERVISOR _____	
DATES EMPLOYED	From (month/year)	To (month/year)	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING

**Please initial each box to show acceptance of terms:**

I understand that any misstatements or omissions in this application or any post-offer physical questionnaires, will result in a decision NOT to hire or to discharge me if discovered after I am hired.

I hereby authorize the company to make any investigation of my background considered necessary. I hereby release from any liability both Mansfield Plumbing Products and those individuals and/or companies providing such information.

I have not been convicted of a felony within the past ten years. Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, the type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.

I understand and agree that any offer of employment made to me by the Company will be subject to: 1) My signing an agreement on confidential information and inventions; 2) My taking and successfully passing a pre-employment drug test and/or post-offer medication examination and history.

By signing this application form, I understand and agree that if I am offered employment by the Company, that employment may be terminated for any reason, with or without cause, by me or by the Company, with or without notice, or as established within the scope of the Collective Bargaining Agreement, if applicable.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONNEL USE ONLY**

Interviewed by: 1. \_\_\_\_\_ Date \_\_\_\_\_  
 2. \_\_\_\_\_ Date \_\_\_\_\_  
 3. \_\_\_\_\_ Date \_\_\_\_\_