

NOTICE TO APPLICANTS

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, handicap, marital status or any other basis protected by law. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps, and bona fide religious beliefs.

We comply with the Americans With Disabilities Act: of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept In confidential hires.

We also maintain a Drug-Free Workplace in accordance with all applicable State and Federal regulations, copies of which, together with the employer's Drug-Free Workplace Policy are available for inspection at all reasonable times by applicants or employees upon request.

PLEASE READ AND SIGN STATEMENTS BELOW

- 1) I understand that, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probaticinary period, the employer may seekto deny any unemployment benefits I might attempt to obtain as a result of *termination. (Initial)
- 2) I understand that as a condition of my employment, I musttake and pass a pre employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy, a copy of which I may request for review prior to testing. (Initial)
- 3) I further understand, subject to confidentiality constraints and rights of appeal granted by State and.Federal law, if the results of my pre employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause and the
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employer may seek to deny any unemployment benefits I might attempt to obtain. (Initial)
- 4) I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer. (Initial)
- 5) I certify that all information given to the employer by me in the form of an employment application, résumé, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer may conduct a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny unemployment benefits as a result of my termination.

_____	_____	_____
Applicant Printed Name	Date	Applicant Signature
_____	_____	_____
Witness Printed Name	Date	Witness Signature

BILLY'S PLUMBING COMPANY, LLC

CONWAY, SC

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

Today's Date

First Name

MI

Last Name

Preferred Name/Nickname

Street Address

Apt #

City

State

Zip Code

Home Phone

Alternate/Work Phone

Email Address

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in:

Full Time
Temporary

Part Time

What schedule would you prefer?

Weekdays

Weekends

Evenings

Nights

How did you hear about the position?

Classified Ad

Friend (Name)

Radio

Internet

Desired Pay:

Hourly Pay
(Minimum, if applicable)

\$

Annual Pay

Minimum

\$

Desired

When are you able to start work?

Date:

In what local area do you prefer to work?

Position desired:

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States?

Yes

No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, BILLY'S PLUMBING CO. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age?

Yes

No

If yes, can you furnish a work permit?

Yes

No

Billy's Plumbing Company is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Billy's Plumbing Company, LLC complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Billy's Plumbing Company, LLC also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws,

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?

Yes

No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE	
FROM /	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
Month Year					
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO /	TELEPHONE NUMBER ()		TERMINATION		REASON
Month Year			VOLUNTARY INVOLUNTARY		
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

	COMPANY NAME			YOUR POSITION and TITLE	
FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
Month Year					
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO /	TELEPHONE NUMBER ()		TERMINATION		REASON
Month Year			___ VOLUNTARY ___ INVOLUNTARY		
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION				

	COMPANY NAME	YOUR POSITION and TITLE
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FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
Month / Year					
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO	TELEPHONE NUMBER		TERMINATION	REASON	
Month / Year	()		— VOLUNTARY _ INVOLUNTARY		
	BRIEFLY DESCRIBE <u>YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION</u>				

	COMPANY NAME			YOUR POSITION and TITLE	
FROM	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
Month / Year					
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO	TELEPHONE NUMBER		TERMINATION	REASON	
Month / Year	()		— VOLUNTARY _ INVOLUNTARY		
	BRIEFLY DESCRIBE <u>YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION</u>				

ADDITIONAL INFORMATION:

UNEMPLOYMENT ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM	TO	HOW DID YOU SPEND THIS TIME?
MM OD YYYY	MM DC ¹ YYYY	
FROM	TO	HOW DID YOU SPEND THIS TIME?
MM DO YYYY	MM DO YYYY	

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

Do you possess a Valid Driver's License? _____ No ___ Yes

State

Number

Expires

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:

DATE:

Click Green Button To Submit By Email

Signature of Applicant

Date