



Plumbing • Heating • Drain & Septic  
Easy – the first name in plumbing!

Nevada Contractor's License #026656A  
Excavating License #028634



Email: [info@easyrooterplumbing.com](mailto:info@easyrooterplumbing.com)  
PO Box 4246, Sparks, NV 89432  
Phone: (775) 331-3636 (775) 883-8787  
Fax (775) 331-3705

## PRE-EMPLOYMENT APPLICATION

Easy Rooter is an equal opportunity employer and adheres to the principles and practices outlines in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which discrimination based on age.

This application will be given consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

### PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Physical Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Phone Number: Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you over 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a citizen of the U.S. or do have the legal right to be employed in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any crime (excluding minor traffic violations) including DUI? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state the offense, location, date and disposition: \_\_\_\_\_

Who should be contacted in case of an emergency? \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

\_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

Drivers License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## EMPLOYMENT DESIRED

Are you seeking? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary or Summer Employment \_\_\_\_\_

Position applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Have you ever applied with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date available to start: \_\_\_\_\_

Have you ever worked here before? Yes \_\_\_\_\_ No \_\_\_\_\_

If you ever applied or worked for us, state your position, when and where you applied and or worked? \_\_\_\_\_

How did you learn of our company and or position? \_\_\_\_\_

Are you now or do you expect to be involved in any other business or employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any days or hours you would be unable or unwilling to work? Yes \_\_\_\_\_ No \_\_\_\_\_

List the days and hours you would be unavailable: \_\_\_\_\_

If you worked in any of your previous positions under a different name, please give those names: \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

## WORK EXPERIENCE

Please list your work experience for the past five (5) years beginning with your most recent job held. If you are self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: _____		
Address: _____		
City, State, Zip Code: _____		
Phone Number: _____		
Name of Supervisor: _____ _____ _____	Employment Dates: From: _____ To: _____	Pay or Salary: Start : _____ Final: _____
Reason for Leaving (Be Specific): _____ _____ _____ _____		
List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company: _____ _____ _____ _____ _____		





Name of Employer: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employment Dates:

Pay or Salary:

From: \_\_\_\_\_

Start : \_\_\_\_\_

To: \_\_\_\_\_

Final: \_\_\_\_\_

Reason for Leaving (Be Specific):

List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Employment Dates:

Pay or Salary:

From: \_\_\_\_\_

Start : \_\_\_\_\_

To: \_\_\_\_\_

Final: \_\_\_\_\_

Reason for Leaving (Be Specific):

List the job(s) you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

## **MILITARY**

Have you ever served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_ Service Branch: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Final Rank: \_\_\_\_\_

Were you separated from service with any degree of disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what degree? \_\_\_\_\_

Are you a member of a reserve organization? Yes \_\_\_\_\_ No \_\_\_\_\_

## **HEALTH**

Do you have any physical defect or illness that may limit your ability to perform the particular job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_

Date of last exam: \_\_\_\_\_ Results: \_\_\_\_\_

Have you ever been injured on the job? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Nature of Injury	Employer when Injured	Year	Cause of Injury
1.)			
2.)			
3.)			

Have you ever used illegal drugs, including marijuana, in the last twelve (12) months? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received treatment for an alcohol or drug use? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take a physical exam and a urinary drug screen at our expense? Yes \_\_\_\_\_ No \_\_\_\_\_

Days lost in the last two (2) years due to illness: \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Name, Address & Location	Dates	Graduate	Courses Studied
<b>High School:</b>	<b>From:</b> <b>To:</b>	<b>Yes</b> _____ <b>No</b> _____	<b>Diploma, Degree or Certificate:</b>
<b>High School:</b>	<b>From:</b> <b>To:</b>	<b>Yes</b> _____ <b>No</b> _____	<b>Diploma, Degree or Certificate:</b>
<b>College:</b>	<b>From:</b> <b>To:</b>	<b>Yes</b> _____ <b>No</b> _____	<b>Diploma, Degree or Certificate:</b>
<b>College:</b>	<b>From :</b> <b>To:</b>	<b>Yes</b> _____ <b>No</b> _____	<b>Diploma, Degree or Certificate:</b>
<b>Trade School:</b>	<b>From:</b> <b>To:</b>	<b>Yes</b> _____ <b>No</b> _____	<b>Diploma, Degree or Certificate:</b>
<b>Trade School:</b>	<b>From:</b> <b>To:</b>	<b>Yes</b> _____ <b>No</b> _____	<b>Diploma, Degree or Certificate:</b>

**SPECIAL SKILLS:**

Do you type? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you take shorthand? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any computer or word processing experience or training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the extent of your training or experience? \_\_\_\_\_

What language do you speak fluently? \_\_\_\_\_

Use the space below to describe why you are interested in working for us, and list those skills and abilities, which you feel particularly; qualify you for a position with us. Please attach a resume if you have one available.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



## REFERENCES

Give three (3) personal references, not related to you or a former employer.

Name	Address, City, State & Zip	Phone	Occupation	Years You Have Known
1.)				
2.)				
3.)				

## AFFIDAVIT

I have truthfully disclosed all information asked for in this application.

I authorize contact with any person or entity named in this application and any other person or entity that may have knowledge concerning my past for the purpose of obtaining informational material to my qualifications for employment.

I authorize all those with whom I am acquainted – previous employers, physicians, professionals, institutions, neighbors, friends, law enforcement agencies asked to provide criminal record history in accordance with NRS 179A.000 and others – to furnish any and all information they may have concerning me which may be material to my qualifications for the job for which I have applied.

I also authorize a credit bureau investigation report to obtain information about my character, general reputation, personal characteristics and mode of living, whichever may be applicable. If such an investigation is made, I will have the right to make a written request for a copy of such report.

I also understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated for any reason or no reason at any time at the sole discretion of the company or by me without prior notice. I also understand that any employment with the company will require me to observe company rules, policies and procedures, I hereby fully release the company, its agents and any person or entity that provides or receives information pursuant to this affidavit from any and all liability and any damage which may arise there from.

**ATTENTION APPLICANT:** This application will be kept interactive consideration for no more than 6 months from the date of application as shown below.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

## Date: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Comments:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.