

Please complete the employment application in its entirety.

You may email this to [kim@harnerplumbing.com](mailto:kim@harnerplumbing.com)

OR

Mail To:

Harner Plumbing c/o Kim  
2480 Bartlett Road  
Mantua, Ohio 44255

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Company: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Start Date: \_\_\_\_\_

Interviewer's Notes:

For Office Use Only – Do not write above this line



**Harner Plumbing, Inc  
&  
Fire Protection, Inc**  
2480 Bartlett Rd.  
Mantua, OH 44255  
(330) 626-5551

How Did You Hear About Harner Plumbing/Fire Protection:  
 Web  Social Media  Friend/Current Employee  Other: \_\_\_\_\_

Lic 21531 / 53.67.1005  
Equal Opportunity Employer

## Employment Application

### Applicant Information

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date Available:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_ **Desired Salary:** \$ \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:	_____	

### Education

**High School:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Trade School:** \_\_\_\_\_ **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: \_\_\_\_\_  
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: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

## 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. Completion of this application is not a guarantee of employment. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.*

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

# EEO Self-Identification Form

Responses are used to complete the Department of Labor EEO Reporting

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This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Thank you for your participation

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

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Job Title \_\_\_\_\_

**RACE/ETHNICITY:** Please check one of the descriptions below corresponding to the ethnic group with which you identify.

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ Asian

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ I do not wish to self-identify



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**Consent and Release Form for Employees and Applicants**

I, \_\_\_\_\_ (applicant or employee name) as an applicant or employee of Harner Plumbing, Inc. or Fire Protection, Inc. (hereafter, the "Company"), hereby acknowledge that the Company's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I hereby freely and voluntarily consent to this request for a urine, blood, breath, saliva, and/or hair and to the analysis of such samples by such laboratories as selected by the Company and I agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agents, and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning any application for or continuation of employment based on the results of the analysis.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and/or to the Company's examining physician, as provided by the Company's policy and that the release of this information does not need my further consent.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

I understand that my refusal to undergo alcohol and/or drug testing will cause me to be in violation of the company's policy and I will be subject to the disciplinary action outlined within the scope of the policy.

Employee/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee/Applicant Printed Name: \_\_\_\_\_



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DISCLOSURE UNDER  
FAIR CREDIT REPORTING ACT  
and  
CONSENT TO PROCUREMENT OF  
CONSUMER REPORT  
FOR  
**INSURANCE PURPOSES IN CONNECTION WITH  
DRIVING ON BEHALF OF MY EMPLOYER**

The undersigned hereby authorizes **Harner Plumbing, Inc. or Fire Protection, Inc** and its insurance agency and/or its assigns, to obtain copies of **motor vehicle reports** pertaining to me for insurance purposes in connection with driving on behalf of my employer, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Employee or Applicant

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

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Date of Birth

1.  $16 \times 2 =$

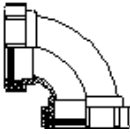
2.  $24.25 + 6.25 =$

3.  $1/8'' = 1'$ . If you are installing a piece of pipe. The piece of pipe is 8'. How many inches of fall do you need?

4.  $1/4'' = 1'$ . If you are installing a piece of pipe. The piece of pipe is 12'. How many inches of fall do you need?

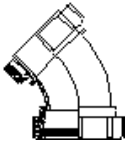
5.  $64 / 4 =$

6.  $30 - 12 =$



7. What degree fitting is this?

- A. 90
- B. 45
- C. 22.5
- D. 11



8. What degree fitting is this?

- A. 90
- B. 45
- C. 22.5
- D. 11

9. Draw an arrow at the measurement of  $5 \frac{1}{4}''$

