

**PARTUSCH PLUMBING & HEATING, INC.**

8301 Schoon Street  
Anchorage, Alaska 99518  
(907) 344-5066

**APPLICATION FOR EMPLOYMENT**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

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

Person to contact in case of emergency:

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

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

\_\_\_\_\_

**RECENT WORK EXPERIENCE**

Please list your work experience for the last two years.

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

Job Title and Description: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Job Title and Description: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Job Title and Description:** \_\_\_\_\_

\_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Please list additional employment experience within previous two years on separate sheet.**

**Have you ever been injured in the course of employment? If so, describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you currently suffer from any injury or impairment that may limit your ability to work in any way? If so, please list all injuries or impairments and describe how they might limit your performance.**

\_\_\_\_\_

\_\_\_\_\_

**I understand that if I am accepted for employment with Partusch Plumbing & Heating, Inc., my employment will be "at will." This means that I may voluntarily leave employment upon proper notice and that I may be terminated by Partusch Plumbing & Heating, Inc. at any time for any reason. I understand that any oral or written statements to the contrary with the sole exception of a written employment contract signed by the President are hereby expressly disavowed and are not relied on by me in applying for or in accepting employment. I affirm that all information provided by me on this application is true. I understand that the falsification of any information on this application may result in termination, at the sole discretion of Partusch Plumbing & Heating, Inc.**

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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