



770.472.PLUS
423.822.PUMP
 2445 CLOUD SPRINGS RD
 ROSSVILLE, GA 30741

EMPLOYMENT APPLICATION

APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available				Social Security No.				Cell Number				
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 so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Current Driver's License Number:						State:			Type of License:			
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

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. And the applicant fully agrees to allow Septic Plus, Inc., to do any background checks, credit checks, employment, references and any and all other to check applicant's background status. Also applicant waives his or her rights of liability and releases Septic Plus, Inc., from any and all legal liabilities from any and all situations arising out of applying for a job with Septic Plus, Inc., perpetually. Also filling out this application does not guarantee the applicant a job with Septic Plus, Inc., as this is not an employment contract. Applicant understands that any use of illegal drugs or criminal activities are prohibited during employment with Septic Plus, Inc. To secure employment with Septic Plus, Inc., applicant must meet certain eligibility requirements. This will include but not limited to, have a legal citizenship in the United States or have authorization to work in this country. Septic Plus, Inc., does not discriminate against sex, marital status, race, color, age, creed, national origin, sexual orientation, religion, ancestry, weight, height or other. If Septic Plus, Inc., offers employment, you will be required to submit to drug screening. Also you might be required to complete medical history forms and you may be required to be examined by a medical professional designated by Septic Plus, Inc.

If this application leads to employment, I understand that false or misleading information in my application or interview will result in my release from Septic Plus, Inc. immediately. I release Septic Plus, Inc., all their officers, owners, employees and any and all other and all former employers, persons, companies, law enforcement agencies, if any, and any and all other from any and all liability for damages perpetually.

Print Full
Name:

Signature:

Date:

ADDITIONAL COMMENTS: