PRECISION PLUMBING COMPANY INC.

16210 MOUNTAIN ROAD MONTPELIER, VA 23192

Phone: 804-883-6996

Fax: 804-883-6585

Email: ppci.va@aol.com

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line. Unless otherwise indicated. All answers must be

Printed or typed.

Answers that is illegible or incomplete may prevent us from considering your application.

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POSI	TION INFOR	MATION		
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SHIFT, INC				
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O TO	GRADUATE YES/NO			
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etc., Comple	ete address			
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FULL NAME OF COMPANY	TELEPHONE	SALARY Begin/End	EMPLOYED From-To	
STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME & TITLE OF SUPERVISOR				
TITLE OF YOUR POSITION		DEPARTMENT		

DUTIES

EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY Begin/End	EMPLOYED From-To
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IF YES, GIVE FULL PARTICULARS	(THE EXISTENCE OF A CRIMINA	AL, RECORD DOES NOT CONSITU	JTE AND AUTOMATIC BAR TO
EMPLOYMENT)	***DDOVIDE CODY OF CUDD		
<u> </u>	**PROVIDE COPY OF CURK	ENT DRIVING RECORD*****	
	APPLICANT'S CERTIFICAT	TION AND AGREEMENT	
I HEREBY CERTIFY that my answ facts, circumstances or other inform misleading statement or omission of my employment.	ation, which would, if disclosed	, affect any application. I further u	nderstand that any false or
I HEREBY AFFIRM that by submit for the presence of illegal drugs or a often as directed during employmen	alcohol, prior to and during empl		
I HEREBY AUTHORIZE the medic examination performed either prior			conclusions arrived at in any
I UNDERSTAND that should I be g terminated, at will, at anytime, for a wages or salary earned by the date of enter into any agreement for employ and that any such agreement must b	ny reason, by me or by the Com of termination. I further understa yment for a specified period of ti	npany without notice liability what and that only the Owner of the Cor	soever, except for unpaid mpany has the authority to
I UNDERSTAND that if I am emplo Company's Terms of Employment a			
Signature:		Date:	
Signature: Thank you for completing this appli apply during this six-month period.			