

Pre-Employment Interview

REQUIRED DOCUMENTS

CHECK - OFF

Name :		Date :		
	Yes	No		Comments
Completed Pre-Employment Application	<input type="checkbox"/>	<input type="checkbox"/>		
Valid Drivers' License (NC/SC)	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security Card	<input type="checkbox"/>	<input type="checkbox"/>		
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>		
Diploma / GED	<input type="checkbox"/>	<input type="checkbox"/>		
Career Readiness Certificate	<input type="checkbox"/>	<input type="checkbox"/>		
Military (Helmets to Hardhats)	<input type="checkbox"/>	<input type="checkbox"/>		

Contact Number(s) _____

UA Local Union 421 Plumbers, Pipefitters and Service Technicians Pre-Employment Form

Instructions: Type or print clearly in black or blue ink. Answer all questions.

Name _____ Former Last Name _____
(First Middle Initial Last)

Mailing Address _____
(City County State Zip Code)

Physical Address _____
(City County State Zip Code)

Email Address _____

Home Phone _____ Alternate Phone _____

Notification Preference Mail Email

Gender: Female Male **Date of birth:** ____ / ____ / ____

Social security number: (Last Four Digits) XXX-XX-_____

Ethnicity: American Indian / Alaska Native Asian Black / African American
 Hispanic / Latino Native Hawaiian / Other Pacific Islander Two or More Races White

Marital Status: Single Married Divorced Separated Widowed

Do you possess a valid driver's license? Yes No

If yes, provide State and number: _____ Expiration date _____

Military Service:

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

Yes No Give dates of your qualifying active military service:

Entered: _____ Separated: _____ Branch: _____ Rank: _____

Honorable Discharge? Yes No

Position Desired:

Have You Ever Been A Member of the **United Association**? Yes No

If Yes Where: _____ (Month) _____ (Year) _____

Journeyman Apprentice Tradesman Other _____

Plumbing Pipefitting HVAC Welding Other _____

Experience: Years _____ Months _____

Special Skills and Qualifications:

List job-related licenses, skills, training, honors, awards, and special accomplishments. (Plumbing, HVAC, Welding, Blue Print Reading, Drafting etc ;)

Additional Skills _____

Certificates and Licenses _____

Education:

High School Name _____ Location _____

Diploma

Other (specify) _____ Year _____

Give name and address of any school(s) attended, major course of study, and degree achieved.

Undergraduate College/University _____

Degree Attained _____ Year _____

Graduate School _____

Degree Attained _____ Year _____

Other Personal Information:

Are you a U.S. citizen or authorized to work in the U.S. Yes No

Have you ever been convicted of a criminal offense? Yes No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) _____

Where Convicted _____ Date _____

Disposition/Status _____

Employment History: (Start with present or last position)

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____ From: _____ To: _____

Duties: _____

_____ Salary: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____ From: _____ To: _____

Duties: _____

_____ Salary: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Position Title: _____ From: _____ To: _____

Duties: _____

Salary: _____

Reason for Leaving: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DATE _____ SIGNATURE _____

References:

Give the name, address, and phone number of three people, not relatives, who are familiar with your work.

(1) NAME _____ ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE # _____ OCCUPATION _____

(2) NAME _____ ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE # _____ OCCUPATION _____

(3) NAME _____ ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE # _____ OCCUPATION _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE INFORMATION HEREIN MADE IS JUST CAUSE FOR CANCELLATION OF EMPLOYMENT.

DATE _____ SIGNATURE _____