



YOU MUST COMPLETE ALL REQUESTED INFORMATION ON THIS APPLICATION, EVEN IF SUBMITTING A RESUME

Applicants with a disability may be entitled to reasonable accommodation under federal and or state laws. Please inform the Human Resources Department if you need assistance completing this form or to otherwise participate in the application process

PERSONAL DATA: Please Print

Name: _____ Email: _____
 Phone: _____
 Address: _____ State & Zip: _____
 City/Town: _____ Date You Can Start: _____
 Position Applying For: _____ Pay Rate Desired: _____
 Hours/Days Available: _____ Are you legally employable in the U.S.? **Yes** **No**
 Have you worked for this company before? **Yes** **No** If Yes, dates & location(s): _____

EMPLOYMENT HISTORY: Please start with your most recent position

1. Company Name	From:	Job Title:	Starting Salary \$
Address:	To:	Job Duties:	Final Salary \$
City:	State:	Tel.:	May we contact this employer?
Supervisor:		Reason for Leaving:	
2. Company Name	From:	Job Title:	Starting Salary \$
Address:	To:	Job Duties:	Final Salary \$
City:	State:	Tel.:	May we contact this employer?
Supervisor:		Reason for Leaving:	
3. Company Name	From:	Job Title:	Starting Salary \$
Address:	To:	Job Duties:	Final Salary \$
City:	State:	Tel.:	May we contact this employer?
Supervisor:		Reason for Leaving:	

EDUCATIONAL HISTORY:

School	Name & Address of School	Course of Study	Last Year Completed	Did You Graduate?	List Diploma or Degrees
High School			1 2 3 4		
College			1 2 3 4		
Other (specify)			1 2 3 4		

Are you studying at the Present Time? **Yes** **No** If yes, where? _____

What? _____

Our company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, gender, ancestry, place of birth, pregnancy, marital status, sexual orientation, gender identity, a positive test result from an HIV-related blood test, military service or obligation, genetic information, asserting a claim for workers' compensation, need for health insurance, citizenship or immigration status, or any other characteristic protected under applicable federal, state or local law.

SHEETMETAL SELF ASSESSMENT

* Required For Sheetmetal Applicants only

PLEASE RATE YOURSELF IN ITEMS 1 - 11, USING THE FOLLOWING RATING SYSTEM:

1 = No Experience, 2 = Fair, 3 = Good, 4 = Excellent

1 Duct Work - Round

- A. Spiral
- B. B-vent
- C. Fittings
- D. Volume Dampers
- E. Snap lock
- F. Metalbetos
- G. Making offsets

RATING

2 Duct Work - Rectangular

- A. Slip lock & Drive
- B. Wardlock
- C. Duct Board
- D. Pittsburg
- E. Mitering Duct
- F. Identifying Fittings
- G. Volume Dampers
- H. TDF TDC (Ductmate)
- I. Smoke Dampers
- J. Button locks
- K. Hoods
- L. Sound Attenuators

3 Hangers & Fasteners

- A. Unistrut & Fittings
- B. Hanger Strap
- C. Hit Pins
- D. Drop-in Anchors
- E. Threaded Rod

4 BLUEPRINT READING

- A. Understanding of duct layout
- B. Identify HVAC parts and symbols
- C. Ability to accurately read a scale ruler

RATING

5 Equipment

- A. Air Handling Unit
- B. Utility Fans
- C. VAV Boxes
- D. Registers & Grilles
- E. Unit Heater
- F. Fan Coils
- G. Diffusers

6 NY EXPERIENCE IN

- A. Welding
- B. Brazing
- C. Cutting w/ Torches

Print Name _____

Signature _____

PLUMBERS SELF ASSESSMENT

**Required For Plumbing \ Piping Applicants only*

PLEASE RATE YOURSELF IN ITEMS 1 - 11, USING THE FOLLOWING RATING SYSTEM:

1 = No Experience, 2 = Fair, 3 = Good, 4 = Excellent

	<u>RATING</u>		<u>RATING</u>
1 BLACK PIPE		7 STEAM PIPING	
A. Threading, Cutting, Measuring	<input style="width: 80px; height: 20px;" type="text"/>	A. Pipe installation	<input style="width: 80px; height: 20px;" type="text"/>
B. Fitting take offs	<input style="width: 80px; height: 20px;" type="text"/>	B. Trap assemblies	<input style="width: 80px; height: 20px;" type="text"/>
2 GAS PIPING		C. End of main drip	<input style="width: 80px; height: 20px;" type="text"/>
A. Sizing gas piping	<input style="width: 80px; height: 20px;" type="text"/>	D. Steam coil installation	<input style="width: 80px; height: 20px;" type="text"/>
B. Connections to meters	<input style="width: 80px; height: 20px;" type="text"/>	8 MEDICAL GASES	
C. Testing piping systems	<input style="width: 80px; height: 20px;" type="text"/>	A. Pipe installation	<input style="width: 80px; height: 20px;" type="text"/>
D. Certification natural gas (Circle One)	<input style="width: 80px; height: 20px;" type="text"/> Yes / <input style="width: 80px; height: 20px;" type="text"/> No	B. Zone valve box	<input style="width: 80px; height: 20px;" type="text"/>
E. Propane (Circle One)	<input style="width: 80px; height: 20px;" type="text"/> Yes / <input style="width: 80px; height: 20px;" type="text"/> No	C. Alarm panels	<input style="width: 80px; height: 20px;" type="text"/>
3 COPPER PIPE		D. Outlets	<input style="width: 80px; height: 20px;" type="text"/>
A. Cutting & measuring	<input style="width: 80px; height: 20px;" type="text"/>	E. Brazing certificate	<input style="width: 80px; height: 20px;" type="text"/>
B. Fitting take offs	<input style="width: 80px; height: 20px;" type="text"/>	F. Major equipment installation	<input style="width: 80px; height: 20px;" type="text"/>
C. Soldering	<input style="width: 80px; height: 20px;" type="text"/>	9 BLUEPRINT READING	
D. Brazing	<input style="width: 80px; height: 20px;" type="text"/>	A. Understanding of piping schematics	<input style="width: 80px; height: 20px;" type="text"/>
E. Types of copper	<input style="width: 80px; height: 20px;" type="text"/>	B. Able to identify plumbing & heating parts symbols valves circuit setters etc.	<input style="width: 80px; height: 20px;" type="text"/>
4 WASTE & VENT		C. Ability to field draw plans, riser diagrams, etc.	<input style="width: 80px; height: 20px;" type="text"/>
A. Sizing systems	<input style="width: 80px; height: 20px;" type="text"/>	10 EQUIPMENT	
B. No hub pipe	<input style="width: 80px; height: 20px;" type="text"/>	A. Rigging	<input style="width: 80px; height: 20px;" type="text"/>
C. Hub pipe	<input style="width: 80px; height: 20px;" type="text"/>	B. Installation of unit heaters	<input style="width: 80px; height: 20px;" type="text"/>
D. PVC pipe	<input style="width: 80px; height: 20px;" type="text"/>	C. Installation of coils	<input style="width: 80px; height: 20px;" type="text"/>
E. Industrial waste	<input style="width: 80px; height: 20px;" type="text"/>	D. Installation of cooling towers	<input style="width: 80px; height: 20px;" type="text"/>
1. Fuseal	<input style="width: 80px; height: 20px;" type="text"/>	E. Installation of water heaters	<input style="width: 80px; height: 20px;" type="text"/>
2. Glass	<input style="width: 80px; height: 20px;" type="text"/>	F. Installation of oil burners	<input style="width: 80px; height: 20px;" type="text"/>
5 VICTAULIC		G. Installation of gas fired boilers	<input style="width: 80px; height: 20px;" type="text"/>
A. Cutting & measuring	<input style="width: 80px; height: 20px;" type="text"/>	H. Installation of circulating pumps	<input style="width: 80px; height: 20px;" type="text"/>
B. Fitting take offs	<input style="width: 80px; height: 20px;" type="text"/>	11 ANY EXPERIENCE IN	
C. Grooving	<input style="width: 80px; height: 20px;" type="text"/>	A. Welding	<input style="width: 80px; height: 20px;" type="text"/>
D. Grooving equipment	<input style="width: 80px; height: 20px;" type="text"/>	B. Brazing	<input style="width: 80px; height: 20px;" type="text"/>
6 SETTING FIXTURS		C. Cutting w/ Torches	<input style="width: 80px; height: 20px;" type="text"/>
A. Rough in	<input style="width: 80px; height: 20px;" type="text"/>	Plumber License # _____	
B. Installing Carriers	<input style="width: 80px; height: 20px;" type="text"/>	Print Name _____	
C. Sinks	<input style="width: 80px; height: 20px;" type="text"/>	Signature _____	
D. Tubs	<input style="width: 80px; height: 20px;" type="text"/>		
E. Showers	<input style="width: 80px; height: 20px;" type="text"/>		
F. Water closets	<input style="width: 80px; height: 20px;" type="text"/>		
1. Wall hung	<input style="width: 80px; height: 20px;" type="text"/>		
2. Floor mount	<input style="width: 80px; height: 20px;" type="text"/>		

Are you able to work overtime?	Yes	No	Are you able to work out of town?	Yes	No
Are you able to work weekends?	Yes	No	Are you able to work out of town, overnight?	Yes	No
Do you have a reliable means of transportation?	Yes No				

Business References: Name, company, and telephone number

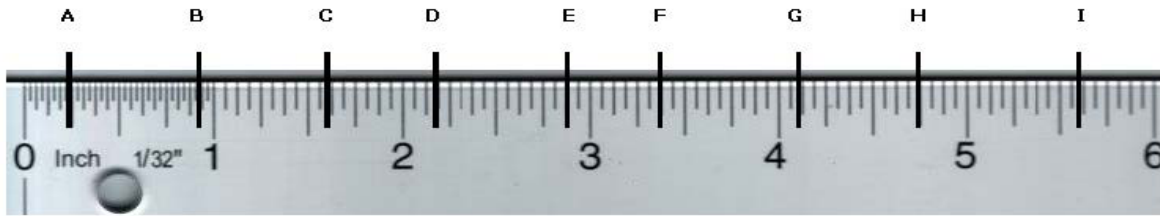
NAME:

COMPANY

TELEPHONE #:

1. _____
2. _____
3. _____

Do you have any training or experience not already indicated? If so, please describe: _____



This section required for trade positions only, i.e. construction, manufacturing and service positions.

Read the points of the ruler above.

- | | | |
|----------|----------|----------|
| A. _____ | D. _____ | G. _____ |
| B. _____ | E. _____ | H. _____ |
| C. _____ | F. _____ | I. _____ |

Do the following problems:

- | | | |
|--------------------------|------------------------|--------------------------|
| $1/2 + 1/4 =$ _____ | $5/8 + 3/4 =$ _____ | $5/8 + 3/8 =$ _____ |
| $1 - 5/8 =$ _____ | $1/4 - 1/8 =$ _____ | $3/8 - 1/4 =$ _____ |
| $1/8 \times 1/8 =$ _____ | $2 \times 2.5 =$ _____ | $1/4 \times 3/4 =$ _____ |

Federal or State laws prohibit hiring individuals under 18 if the job requires the operation of certain kinds of equipment. Are you over 18 years of age? _____

Acknowledgment/Consent for Information Access

The information provided in this application for employment (and accompanying resume, if any) is true, correct and complete. I understand that a misstatement or omission of fact on this application may disqualify me from further consideration for employment or, if employed, result in my immediate dismissal if discovered at a later date, regardless of the time lapse before discovery.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future or for any specified term.

I understand that if I am offered and accept employment, my employment will be at will. I understand that my employment can be terminated, with or without cause, at any time at the discretion of the Company or myself. I understand that no VHV Manager other than the President of the Company has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment.

I authorize individuals named as references, my current employer, previous employers, co-workers, individuals, educational institutions and organizations named in this application (and accompanying resume, if any) to provide information and confirmation regarding my work history, educational background and character to VHV to assist in its consideration of my application for employment. I hereby release these individuals from any liability regarding information provided.

I acknowledge that any offer of employment will be conditioned upon complying with the Company's pre-employment requirements, including the Company obtaining satisfactory results from a background check and negative results from a post-offer, pre-employment drug test.

Signature: _____ Date: _____