

**MASTERS PLUMBING HEATING & COOLING LLC  
EMPLOYMENT APPLICATION**

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APPLICANT INFORMATION												
Last Name				First				M.I.		Date		
Street Address						Apartment/Unit #						
City				State				ZIP				
Phone				E-mail Address								
Date Available				Social Security No.				Desired Salary				
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?					
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												

<b>PREVIOUS EMPLOYMENT</b>			
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"/>			
<b>MILITARY SERVICE</b>			
Branch		From	To
Rank at Discharge		Type of Discharge	
<b>DRIVER'S LICENSE</b>			
Do you have a valid driver's license?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have reliable transportation to work?		Driver's license class:	
List any moving violations or accidents in the last 3 years:			

## PLUMBING & PIPING INDUSTRY SKILLS

What types of systems have you worked with? (Check all that apply.)

<input type="checkbox"/> Backflow Prevention	<input type="checkbox"/> Fire Sprinkler Systems	<input type="checkbox"/> Sanitation Systems
<input type="checkbox"/> Boilers	<input type="checkbox"/> Geo Thermal	<input type="checkbox"/> Septic Systems
<input type="checkbox"/> Chilled Water	<input type="checkbox"/> Heating Systems	<input type="checkbox"/> Storm Drainage Systems
<input type="checkbox"/> Chillers	<input type="checkbox"/> Hot Water Systems	<input type="checkbox"/> Water Conditioners
<input type="checkbox"/> Circulating Systems	<input type="checkbox"/> Hydronic	<input type="checkbox"/> Water Filtration Systems
<input type="checkbox"/> Cold Water Systems	<input type="checkbox"/> In-Floor	<input type="checkbox"/> Water Heaters
<input type="checkbox"/> Compressed Air Systems	<input type="checkbox"/> Irrigation Systems	<input type="checkbox"/> Water Purification Systems
<input type="checkbox"/> Distribution Systems	<input type="checkbox"/> Medical Gas Systems	<input type="checkbox"/> Well Water Systems
<input type="checkbox"/> Drainage Systems	<input type="checkbox"/> Radiant Heating	<input type="checkbox"/>

What types of pipe and lines have you worked with? (Check all that apply.)

<input type="checkbox"/> ABS Pipe	<input type="checkbox"/> Galvanized Pipe	<input type="checkbox"/> Pneumatic Lines
<input type="checkbox"/> Air Lines	<input type="checkbox"/> Glass Pipe	<input type="checkbox"/> Propane
<input type="checkbox"/> Black Iron Pipe	<input type="checkbox"/> Hydraulic Lines	<input type="checkbox"/> PVC Pipe
<input type="checkbox"/> Cast Iron Pipe	<input type="checkbox"/> IPS (Iron Pipe Size)	<input type="checkbox"/> Sanitary Lines
<input type="checkbox"/> Copper Pipe	<input type="checkbox"/> Lead Pipe	<input type="checkbox"/> Sewer Line
<input type="checkbox"/> CPUC Pipe	<input type="checkbox"/> LPG (Liquid Propane Gas)	<input type="checkbox"/> Steel Pipe
<input type="checkbox"/> DMV Pipe	<input type="checkbox"/> MIP (Male Iron Pipe)	<input type="checkbox"/> Supply Lines
<input type="checkbox"/> FIP (Female Iron Pipe)	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Vacuum Lines
<input type="checkbox"/> Flexible Hoses	<input type="checkbox"/> Oil	<input type="checkbox"/> Vitrified Clay Pipe
<input type="checkbox"/> Fuel	<input type="checkbox"/> Oxygen Lines	<input type="checkbox"/> Water

What applications do you have experience with? (Check all that apply.)

<input type="checkbox"/> Aircraft	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Public Utilities
<input type="checkbox"/> Clean Rooms	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial	<input type="checkbox"/> Marine	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Floating Floor	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Schools
<input type="checkbox"/> Government Projects	<input type="checkbox"/> Off-Shore	<input type="checkbox"/>
<input type="checkbox"/> Grocery Stores	<input type="checkbox"/> Pools	<input type="checkbox"/>

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date