



NAME

LAST	FIRST	MIDDLE	DATE
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ADDRESS

STREET	CITY	STATE	ZIP CODE
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HOME PHONE #

CELL PHONE #

DRIVER'S LICENSE OR IDENTIFICATION NUMBER

VALID EMAIL ADDRESS

DRIVER'S LICENSE

☐ YES

☐ NO

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Have you in the past been convicted of a FELONY? If so, please give a brief description below.

☐ By checking this box, I authorize Howell Plumbing and its affiliates to perform a background check as part of the application process. I understand the information obtained will be used to determine employment eligibility (see below).

FORMER EMPLOYERS		(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH PREVIOUS FIRST)		
DATE, MONTH, YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER	POSITION HELD	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Additional Experience:

*We will not discriminate in our hiring efforts against a job applicant because of his or her race, color, religion, sex (including gender identity, sexual orientation, and/or pregnancy), national origin, age (40 or older), disability or genetic information.



MVR RELEASE FORM

ATTN: MVR DEPARTMENT

I hereby authorize Howell Plumbing and its agent to request and receive any motor vehicle or driving history record pertaining to me which may be in the files of any state or local Department of Motor Vehicles agency. They may share this information with companies, employer, etc., for purposes of hiring, employment, underwriting, securing insurance coverage or other lawful purpose.

FULL NAME PRINTED _____

LAST

FIRST

MIDDLE

CURRENT ADDRESS _____

STREET

CITY

STATE

ZIP CODE

DRIVER'S LICENSE OR IDENTIFICATION NUMBER _____

STATE OF ISSUANCE: _____

DATE OF BIRTH: _____

SEX: ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER: _____

SIGNATURE

DATE

Howell Plumbing
554 Julia St
New Smyrna Beach, FL 32168
Office Phone #: (386) 423-9456



In consideration of my employment, I agree to conform to the rules and regulations of Brighter Utilities of Florida LLC dba Howell Plumbing ("the Company"), and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the Company or me. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no representative of the Company, other than the Company's Chief Operating Officer (CEO), has any authority to enter into any contract or agreement contrary to the foregoing.

I certify that I have read and understand the foregoing paragraph. I further certify that all the information submitted by me on this application is true and complete, and I understand that any false information, omission, or misrepresentation of fact called for in this application may be cause for the denial of my application or, if I am employed, discharge at any time.

I understand that, as part of this employment, tests may be performed to detect the presence, if any, of drugs and/or alcohol in my system. I understand that a "positive" result will lead to discipline up to and including discharge. I also agree that if I am involved in an accident during working hours, I will submit to a drug/alcohol test as selected by the Company. I understand that positive results of this test can affect my eligibility for workers' compensation benefits.

I specifically authorize any physician, medical practitioner, and healthcare facility to release the results of any drug/alcohol test to the Company or its legal representative.

I, the undersigned employee, agree to comply with any drug testing policy which the Company may adopt, and I specifically agree to post-accident drug testing. In addition, I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, or marital status, or if I am subjected to any type of harassment, including sexual harassment, I will immediately contact the Company's Representative at 727-559-7991 in order to obtain assistance in the resolution of such matters.

EMPLOYEE SIGNATURE

TODAY'S DATE

EMPLOYER FILL IN BLANKS BELOW

FULL NAME PRINTED _____ EMPLOYEE NUMBER _____

JOB DESCRIPTION _____

PAY RATE _____ PAY TYPE: ☐ HOURLY ☐ SALARY

PAY FREQUENCY: ☐ WEEKLY ☐ BI-WEEKLY ☐ SEMI-MONTHLY

PART OR FULL-TIME: ☐ PART-TIME ☐ FULL-TIME