11107 Cedar Creek Road - Louisville, KY 40229 (502) 239-3264 - Fax (502) 239-2460

5800 Kingpost Court - Lexington, KY 40509 (859) 263-5607 - Fax (859) 263-4044

#### Disclosure and Release Form

As part of the application process for employment at Senninger Plumbing, I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, bankruptcy records and drug testing. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records. I understand that I may be required to pass a pre-hire drug test.

In addition, I release and discharge Senninger Plumbing, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at Senninger Plumbing. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

< Please Print >

| Applicant's Name:First     | M.I.                        | Last                                |
|----------------------------|-----------------------------|-------------------------------------|
| Signature:                 | Date:                       |                                     |
| Date of Birth:mm/c         | ld/yy (Used for only crimin | nal and driving records retrieval.) |
| Social Security Number:    |                             |                                     |
| Driver's License Number:   | Sta                         | ate:                                |
| Current Address:Street Add | Iress                       |                                     |
| City                       | State                       | Zip                                 |
| Length of Residency: yr(s  | ) County of Residence:      |                                     |

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#### APPLICATION FOR EMPLOYMENT (Please Print)

| Name   |   |  |                                      |  |        |  |
|--|---|--|--------------------------------------|--|--------|--|
| Last   | First                                   |  |                                      | Middle   |        |  |
| Present Address Street # & Name                      | ····                                    |  |                                      |  |        |  |
|  |   | City   | County                               | State  | Zip    |  |
| Permanent AddressStreet # & Name                     |   |  |                                      |  |        |  |
| Street # & Name                                      | Apt.#                                   | City   | County                               | State  | Zip    |  |
| Home Telephone ()                                    | <del></del>                             | Cell Teleph  | none ()                              | THE CONTRACT OF THE CONTRACT O |        |  |
| Emergency Phone ()                                   | *************************************** | Emergency  | / Contact                            |  |        |  |
| Email Address  |   |  |                                      |  |        |  |
| KY Journey License #:                                |   | Mast   | er License #:                        |  |        |  |
| Position Applied For                                 |   | and the second s | Years of Expe                        | rience   |        |  |
| Second Choice  |   |  | Years of Expe                        | erience  | -      |  |
| Have you previously been employ                      | ed with Ser                             | nninger Plum   | nbing Co., Inc.?                     |  |        |  |
| If yes, where?                                       | When?                                   |  |                                      | _(beg. & end   | dates) |  |
| Reason for leaving                                   | son for leaving                         |  | Supervisor                           |  |        |  |
| Who recommended you to Sennin                        | ger Plumbi                              | ing?   |                                      |  |        |  |
| Do you have any friends or relative                  | es who are                              | employed b   | y the company?                       |  |        |  |
| Please specify                                       |   |  |                                      |  |        |  |
| Please specifyName                                   |   |  | Relationship                         |  |        |  |
| Date you are available for work                      |   | Are yo   | Are you available to work overtime?  |  |        |  |
| Are you available to work out of town?               |   | Do you   | Do you have a valid drivers license? |  |        |  |
| Drivers license number (if essential to job function |   | iction)  |                                      | State  |        |  |
| If you are under 18 years of age, o                  | an you pro                              | vide proof o   | f eligibility to work                | ?  |        |  |

| EDUCATION                               |   |                                    |                 |                                |  |  |  |
|---|---|------------------------------------|-----------------|--------------------------------|--|--|--|
| Туре                                    | School or Company<br>Name & Location            | Weeks/M<br>Complete                |                 | Degree/Certificate or Diploma  |  |  |  |
| High School                             |   |                                    |                 |                                |  |  |  |
| College                                 |   |                                    |                 |                                |  |  |  |
| Technical or Other                      |   |                                    |                 |                                |  |  |  |
| Specialized courses related to position |   |                                    |                 |                                |  |  |  |
|   | PLU   | IMBING EXPERIENCE                  | <u>į</u>        |                                |  |  |  |
| Residential Work:                       | Rough<br>Slabs                                  | Finish<br>1 story                  |                 | story                          |  |  |  |
| Commercial Work                         | :Office bldg<br>Acid piping                     |                                    |                 | toof drains<br>Vater boiler    |  |  |  |
| Service Work:                           | Water heaters _<br>Boilers<br>Well              | Residential Pumps<br>Sewage lift _ | C               | commercial<br>cistern          |  |  |  |
| Remodel Work:                           |   |                                    |                 |                                |  |  |  |
| Utilities:                              | Res. Sewers<br>Water Serv<br>Lay outs<br>Repair | Set manhole                        | es S            | ewer mains<br>eptic sys<br>lew |  |  |  |
| What type of work                       | do you prefer?                                  |                                    |                 | ,                              |  |  |  |
| EQUIPMENT EXPERIENCE                    |   |                                    |                 |                                |  |  |  |
| Backhoe:                                | John Deere                                      | Case                               |                 |                                |  |  |  |
| Jackhammer                              | Trencher  | Bob Cat                            | Cutting Torch _ | Drill                          |  |  |  |
| Electric Saw                            | Fork Lift                                       | Laser Beam D                       | ump Truck       | Comb                           |  |  |  |
| Concrete Saw                            | Welder  | Hoe Ram                            |                 |                                |  |  |  |
| Capabilities:                           | Run Crews                                       | Lay Out Job                        | s E             | stimates                       |  |  |  |
|   | Mat. Takeoff                                    | Water Test                         | F               | inals                          |  |  |  |
|   | Sewer   | Mechanic Al                        | oilities        |                                |  |  |  |

## **Previous Employment**

| Dates<br>Mo./Yr. | Employer Name<br>Phone<br>Address (City/State) | Your Position<br>Supervisor Name | Base<br>Rate of<br>Pay | Reason<br>for<br>Leaving |
|------------------|--|----------------------------------|------------------------|--------------------------|
| From             | Name   | Position                         | \$                     |                          |
|                  | Phone  |                                  |                        |                          |
| То               | Address  | Supervisor                       | \$                     |                          |
| From             | Name   | Position                         | \$                     |                          |
|                  | Phone  |                                  |                        |                          |
| То               | Address  | Supervisor                       | \$                     |                          |
| From             | Name   | Position                         | \$                     |                          |
|                  | Phone  |                                  |                        |                          |
| То               | Address  | Supervisor                       | \$                     |                          |
| From             | Name   | Position                         | \$                     |                          |
|                  | Phone  |                                  |                        |                          |
| То               | Address  | Supervisor                       | \$                     |                          |
| From             | Name   | Position                         | \$                     |                          |
|                  | Phone  |                                  |                        |                          |
| То               | Address  | Supervisor                       | \$                     |                          |

|                             | · ·                                    |
|-----------------------------|--|
| Are you employed now? If ye | es, may we call your present employer? |

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Senninger Plumbing Co., Inc. will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. We do not discriminate on the basis of any unlawful criteria. The company will take action to ensure that all applicants are treated during employment, without regard to race, color, sex or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, or selection for training, including apprenticeship. Senninger Plumbing agrees to post in a conspicuous place, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

<u>AUTHORIZATION & APPLICANT STATEMENT</u>: I certify that the facts contained in the application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or termination if I have been employed, no matter when discovered by the company.

I understand that any employment is conditional on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employer and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosures. In addition, I release the Company from any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such an investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination (if requested) and a drug screen before starting work. If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations, tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that this application will be considered active only for the time period specified by the Company. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures in whole or in any part at any time.

| Date | Signature |
|------|-----------|

NOTE: If you hold a valid Commercial Drivers License please request part two of the application dealing with information required by the Department of Transportation.

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Senninger Plumbing Company, Inc. Affirmative Action Voluntary Information

Senninger Plumbing Co., Inc. considers all applications for positions without regard to race, color, religion, sex, national origin, citizenship, age, disabilities, or veteran status. We do not discriminate on the basis of any unlawful criteria. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this application data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated. The information will be used and kept confidential in accordance with applicable laws and regulations.

#### PLEASE PRINT

| APPLICANT INI                   | FORMATION                      |                   |               |                   |                |           |
|---------------------------------|--------------------------------|-------------------|---------------|-------------------|----------------|-----------|
| Name                            |                                |                   | Tel           | ephone # (        | )              |           |
| Last                            | First                          | Middle            |               |                   |                |           |
| Address                         | ‡ & Name                       | Apt. #            | City          | County            | State          | Zip       |
|                                 | Female                         | Αμι. #            | City          | County            | State          | ΖΙΡ       |
| Position(s) Appl                | ied For                        |                   |               |                   |                |           |
| Referral Source                 |                                |                   |               |                   |                |           |
| Walk-in                         | Governme                       | ent Employmer     | nt Agency     | Private           | Employmen      | t Agency  |
| Employee                        | eRelative                      | eScho             | ool           |                   | -              |           |
| Advertise                       | ment - Source                  |                   |               | Othe              | er             |           |
| Name of persor                  | who referred you               | u if applicable _ |               |                   |                |           |
| Please check or                 | ne of the following            | g Equal Employ    | ment Oppo     | rtunity Identific | ation Group    | s:        |
| White (no                       | t of Hispanic orig             | in)Bla            | ick (not of H | lispanic origin)  | )              |           |
| Hispanic                        | America                        | n Indian/Alaska   | ın Native     | Asian/P           | acific Islande | er        |
| Multiracia<br>in the state of M | l (having parents<br>lichigan. | of different rac  | es) This ide  | entification gro  | up is recogn   | ized only |
|                                 |                                |                   |               |                   |                |           |
|                                 | Signature                      |                   |               | •                 | Date           | 9         |

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