



PO Box 3512 Los Lunas, New Mexico 87031  
 505-865-4372 Fax: 505-865-4559 www.hphnm.us

**EMPLOYMENT APPLICATION**  
 Page 1 of 3  
 Established in 1935  
 MM98 • License # 17683

**APPLICANT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(S) \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE AVAILABLE \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ DESIRED SALARY \$ \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? YES  NO  IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES  NO

HAVE YOU EVER WORKED FOR HEIGHTS PLUMBING & HEATING INC.? YES  NO  IF YES, WHEN AND DETAILS? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO  IF YES, EXPLAIN \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ DID YOU GRADUATE? YES  NO  DIPLOMA \_\_\_\_\_

COLLEGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ DID YOU GRADUATE? YES  NO  DEGREE \_\_\_\_\_

OTHER \_\_\_\_\_ ADDRESS \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ DID YOU GRADUATE? YES  NO  DEGREE \_\_\_\_\_

OTHER \_\_\_\_\_ ADDRESS \_\_\_\_\_

FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ DID YOU GRADUATE? YES  NO  DEGREE \_\_\_\_\_



PO Box 3512 Los Lunas, New Mexico 87031  
505-865-4372 Fax: 505-865-4559 www.hphnm.us

**EMPLOYMENT APPLICATION**

Page 2 of 3

Established in 1935

MM98 • License # 17683

**PREVIOUS EMPLOYMENT**

1. COMPANY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ STARTING SALARY \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_ MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES  NO

2. COMPANY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ STARTING SALARY \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_ MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES  NO

3. COMPANY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ STARTING SALARY \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_ MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES  NO

**PLUMBING • HEATING • COOLING • UTILITIES • MEDICAL GASES**



PO Box 3512 Los Lunas, New Mexico 87031  
505-865-4372 Fax: 505-865-4559 www.hphnm.us

**EMPLOYMENT APPLICATION**

Page 3 of 3

Established in 1935

MM98 • License # 17683

**MILITARY SERVICE**

BRANCH \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

EXPLAIN IF OTHER THAN HONORABLE DISCHARGE

**PROFESSIONAL REFERENCES**

1. FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS

2. FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS

3. FULL NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS

**DISCLAIMER & SIGNATURE**

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

IF THIS APPLICATION LEADS TO MY EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN TERMINATION OF EMPLOYMENT.

APPLICANT'S SIGNATURE **X** \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_