



# ADVANTAGE PLUMBING, INC.

## Employment Application

### APPLICANT INFORMATION

Last Name		First Name		Middle Initial	
Street Address			Apartment/Unit #		
City, State		ZIP		Date Available	
Phone		E-mail Address			
Date of Birth		Social Security Number		Desired Salary	
Position Applied for					
Emergency Contact Name			Emergency Contact Phone		
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?	
Do you authorize Advantage Plumbing, Inc. to perform a criminal background check as part of the pre-hire process or on an ongoing basis as necessary while employed with our company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Do you hold a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	
Do you authorize Advantage Plumbing, Inc. to run a MVR as part of the pre-hire process or on an ongoing basis as necessary while employed with our company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	

### 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
Special Skills					
Special Training					

### MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

**REFERENCES***Please list two professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT**

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"/>						

**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

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$	_____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$	_____		
	Add the amounts above and enter the total here . . . . .		<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .		<b>4(a)</b>	\$
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .		<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period .		<b>4(c)</b>	\$

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
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**USCIS**  
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 OMB No. 1615-0047  
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**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# Advantage Plumbing, Inc.

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## Employee Acknowledgement of Probation

I understand that I am on probation as an employee for the first ninety (90) days of my employment, which started on \_\_\_\_\_, for the purpose of the Florida Unemployment Compensation Law. I understand that if my employer discharges me for unsatisfactory work performance under the Florida Unemployment Compensation Law, Chapter 443.11 (3) (a) (2) ES., he/she will not have this account charged for any unemployment benefits I might be determined eligible for in the future.

I acknowledge that I signed this form within seven (7) days of my employment.

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Employee Name

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Social Security Number

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Employee Signature

Date

I, \_\_\_\_\_, recognize and accept as a term of hire a 90-day probationary period as an employee of Advantage Plumbing, Inc. I also understand that if my job performance is unacceptable, I may be terminated during this period.

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Employee Signature

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Effective Date Hired

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Date Signed

**Special Disability Trust Fund Questionnaire**  
(Duplication of this form is permissible)

**Statement of Purpose:**

The purpose of this questionnaire is to provide the employer with knowledge about the employee – specifically about any pre-existing condition or disability which may entitle the employer to reimbursement from Florida’s Special Trust Fund (Florida Statute 440.49). The information provided shall not be used to discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures; the hiring, advancement, or discharge of employees; employee compensation; job training; and other terms, conditions and privileges of employment.

Employer: Advantage Plumbing, Inc.

Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Do you now have or have you had any of the following?

CONDITION	YES	NO
Epilepsy (convulsions, seizures)		
Diabetes (medication? <input type="checkbox"/> YES <input type="checkbox"/> NO)		
Cardiac (heart) disease		
Menisectomy (inflammation of cartilage of certain joints – e.g. knee)		
Amputation of foot, leg, arm or hand		
Total loss of sight of one or both eyes OR partial loss of corrected vision of ≥ 75% bilaterally		
Polio (poliomyelitis)		
Cerebral Palsy		
Multiple Sclerosis		
Parkinson’s Disease		
Patellectomy (surgically removed kneecap)		
Ruptured cruciate ligament (knee ligament)		
Hemophilia		
Chronic osteomyelitis (infection in bone)		
Surgical or spontaneous fusion of a major weight-bearing joint (frozen joint)		
Hyperinsulinism		
Muscular Dystrophy		
Thrombophlebitis		
Herniated intervertebral disk		
Surgical removal of an intervertebral disk, or spinal fusion		
Total deafness		
One or more back or neck injuries or a disease process of the back or neck, substantiated by a doctor’s opinion and resulting in disability over a total of 120 or more days		
Obesity (30% overweight)		
Other:		

2. Have you received Workers’ Compensation for the on-the-job injury?

YES  NO *If YES, please provide details on back of paper.*

3. Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency?

YES  NO *If YES, state percentage: \_\_\_\_\_%*

4. Have you ever injured or sprained your back?  YES  NO

*If YES, did you have surgery?  YES  NO If YES, please provide details on back of paper.*

5. Have you ever injured or sprained your neck?  YES  NO

*If YES, did you have surgery?  YES  NO If YES, please provide details on back of paper.*

6. Have you ever injured or sprained your back?  YES  NO

*If YES, did you have surgery?  YES  NO If YES, please provide details on back of paper.*

7. Have you ever had any other type of surgery not mentioned above?

YES  NO *If YES, please provide details on back of paper.*

8. Do you have arthritis?

YES  NO *If YES, please indicate where on body. Are you on medication?  YES  NO*

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_