

**Gulf Plumbing, Inc.**7040 SW 47<sup>th</sup> Street

Miami, FL 33155

305-662-6844

[gulfplumbing@aol.com](mailto:gulfplumbing@aol.com)

Date/Fecha: \_\_\_\_\_

**Formulario para Aplicantes de Empleo/Job Application**

Nombre/Name \_\_\_\_\_

Social Security: \_\_\_\_\_

Celular/Cell # \_\_\_\_\_ =

Salary /Salario \_\_\_\_\_ per Hour

D.O.B /Fecha de Nacimiento \_\_\_\_\_

**Conteste SI o No. Answer \*\*YES or NO\*\***

Plomero: \_\_\_\_\_ Plumber

Plomero Con Licencia: \_\_\_\_\_ Plumber with license

Ayudante: \_\_\_\_\_ Helper

Años de Experiencia: \_\_\_\_\_ years of experience

Transporte: \_\_\_\_\_ Transportation

Herramientas: \_\_\_\_\_ Tools

Ha trabajado en Plomería anteriormente \_\_\_\_\_ Did you have worked in Plumbing berfore

Trabajos anteriores Date Fecha Previously job date	Nombre de Compañía: Name of the Company	Salary Salario:

**Office Only "Do not complete "No llenar Para Uso de Oficina solamente no llenar"**

D. T	Proof	DT Confirm	Instruc.	4man	Tshirt	Start on	ADP	Key time	BGCK	Benefits	FSLA
						/ /					

# Gulf Plumbing, Inc

## EMPLOYEE APPLICATION

Employee Name \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Ph # \_\_\_\_\_ Cell# \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_ Exp Date \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Ph# \_\_\_\_\_ Relationship \_\_\_\_\_

## VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which and individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The companies believe all persons are entitled to equal employment opportunities and do not discriminate against its employees and applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

### **Race/Ethnic Data:**

☐ White (Non-Hispanic) ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native  
☐ Black (Non-Hispanic) ☐ Hispanic

Regulations issued by the U.S Department of Labor with respect to disabled individuals, disabled veterans and Vietnam era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

### **Disabled Veteran Classification (s):**

☐ Disabled Person ☐ Vietnam Era Veteran ☐ Special Disabled Veteran  
(30% or more disability)

7040 SW 47<sup>th</sup> Street  
Miami, Florida 33155  
Phone: 305-662-6844 Fax: 305-662-8667



# Gulf Plumbing, Inc.

## TESTING CONSENT FORM

I, \_\_\_\_\_, understand that according to the Companies' Drug – Free Workplace Policy, which I have read and understand, as a condition of employment with the Companies', I may be required to submit a sample(s) of my urine, blood, and/or other legally approved specimen, for chemical analysis. I understand that this analysis will be conducted by a qualified state-certified testing laboratory.

The PURPOSE of the analysis is to determine the absence or presence of illegal drugs and/or alcohol.

I CONSENT freely and voluntarily to the Companies' request for specimens. I hereby release and hold harmless the Companies and its employees from any liability whatsoever arising from any request to furnish my specimens and the testing of my specimens. I further consent to the release of the result(s) of any analysis to the Companies and understand that in the event I refuse to be tested, refuse to execute this Testing Consent Form, or test positive, I will be disqualified for further employment consideration, or subject to disciplinary action up to and including termination of employment by the Companies'. I also understand that, in the event I was injured in the course and scope of my employment, and refuse to be tested or test positive, I may, in addition to the above, forfeit all my Workers; Compensation medical and indemnity benefits.

I UNDESTAND that all information derived from any test will be kept confidential and released only to the Medical Review Officer and/or those Companies' personnel with a need to know, except as authorized pursuant to State law and regulation, or my written consent. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout the collection and testing process.

**\*I also understand, that if I abandon the company within 3 months from my hire date, I will get the cost of the drug test deducted from my check (\$50.00).**

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

**Gulf Plumbing, Inc**  
**7040 SW 47<sup>th</sup> Street**  
**Miami, Florida 33155**

**RELEASE FORM FOR CONSUMER REPORTS**

In connection with my application for employment, I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports may include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned reports at any time during my employment.

**Please Print**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

State Of Drivers License \_\_\_\_\_ License Number \_\_\_\_\_

**For Identification Purposes:**

Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ American Indian \_\_\_\_\_ Other \_\_\_\_\_

Other or Former Names \_\_\_\_\_

Professional License: State \_\_\_\_\_ Type \_\_\_\_\_ Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Ph: 305-662-6844 Fax: 305-662-8667**  
**Email: gulfplumbing@aol.com**



# Gulf Plumbing, Inc

## MEDICAL QUESTIONNAIRE

Name of Employee \_\_\_\_\_

Employee Social Security # \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you have, or have you ever had, any of the following?

Yes   No

Yes   No

- |                          |                          |  |                          |                          |  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy (convulsions, seizures)             | <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                                     | <input type="checkbox"/> | <input type="checkbox"/> | Surgery in a joint                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Cardiac (heart) disease                      | <input type="checkbox"/> | <input type="checkbox"/> | Total Deafness                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Meniscetomy (inflammation of certain joints) | <input type="checkbox"/> | <input type="checkbox"/> | Obesity (30% overweight)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Amputation of foot, leg, arm or hand         | <input type="checkbox"/> | <input type="checkbox"/> | Cerebral Palsy                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of sight in both or one eye             | <input type="checkbox"/> | <input type="checkbox"/> | Hyperinsulinism                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Back or neck injuries with 120 days or more  | <input type="checkbox"/> | <input type="checkbox"/> | Muscular Dystrophy                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic osteomyelitis (infection in bone)    | <input type="checkbox"/> | <input type="checkbox"/> | Thrombophlebitis                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Multiple Sclerosis                           | <input type="checkbox"/> | <input type="checkbox"/> | Herniated intervertebral disk              |
| <input type="checkbox"/> | <input type="checkbox"/> | Parkinson's disease                          | <input type="checkbox"/> | <input type="checkbox"/> | Spinal Fusion or surgical removal of above |
| <input type="checkbox"/> | <input type="checkbox"/> | Patellectomy (surgically removed kneecap)    | <input type="checkbox"/> | <input type="checkbox"/> | Polio                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Ruptured cruciate ligament                   | <input type="checkbox"/> | <input type="checkbox"/> | Other                                      |

Have you previously received workers' compensation for on the job injury?   ☐ Yes   ☐ No If yes, please explain.

Have you ever received a disability rating or had one assigned to you by an insurance company or State/Federal agency?   ☐ Yes   ☐ No.

Have you ever injured or sprained your back, neck, knee?   ☐ Yes   ☐ No If yes please explain.

Have you ever had any other type of surgery not mentioned above?   ☐ Yes   ☐ No If yes please explain.

Do you have arthritis?   ☐ Yes   ☐ No If yes please explain.

*The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regard to the following: job application procedures; hiring, advancement or discharge of the employee; employee compensation; job training ;and other terms, conditions and privileges of employment.*

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

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GULF PLUMBING, INC.

PLUMBING CONTRACTORS

7040 SW 47 STREET

MIAMI, FL 33155

(305)662-6844

### **Benefits and Regulations for Active Employees**

1. **Medical Insurance**

Employees are eligible for Medical Insurance after a two-month trial period. Gulf Plumbing Pays 50% of your cost, and have the remaining 50% deducted from each employee pay on a weekly basis. Medical Insurance is also available for employees Spouses and Children to be deducted 100% from the Employee's Pay.

2. **Drugs**

Anyone who arrives to work under the influence of drugs or alcohol will be terminated immediately from Gulf Plumbing. Random Drug Testing may be required from any employee at any time of their employment.

3. **Paycheck Cycle**

Paychecks are distributed to employees every week on Friday. Each paycheck includes hours/wages from the previous week, Monday-Saturday. Your first paycheck will be received on the second Friday after beginning work with Gulf.

4. **Last Paycheck**

If the employee decides to resign from the company, they will be required to sign a Letter of Separation to receive their final Payment. If the employee resigns before they complete a full 3 months with Gulf, we will discount \$50.00 for the Drug Testing expenses that the employee took to qualify for the position.

5. **Holidays**

Gulf will grant Employees that complete 3 months with Gulf the following Holidays: Labor Day, Christmas Day and Thanksgiving. Employees must work the previous day and the day after each holiday in order to receive the holiday paid.

6. **Absences**

Employees must ALWAYS inform their supervisor when they will not be showing up to work. It is the employee's responsibility to report to his supervisor about their absence. If the employee DOES NOT inform their supervisor, they will receive an immediate warning or be terminated.

7. **Uniforms**

5 T-shirts will be supplied once a year for each employee. Company T-shirts MUST be worn at all times on the jobsites.

8. **Direct Deposit**

Direct Deposit will be granted to employees who complete 3 months with Gulf Plumbing Inc.

9. **IT IS PROHIBITED TO SMOKE AT ANY JOBSITE.**

Employee Signature: \_\_\_\_\_





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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

**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
<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> 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		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
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)	
<b>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.</b>				
Document Title		Document Number	Expiration Date (if any) (mm/dd/yyyy)	

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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions:
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				(1) NOT VALID FOR EMPLOYMENT
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		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		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and <b>b.</b> Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		4. Voter's registration card		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
		5. U.S. Military card or draft record		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		6. Military dependent's ID card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		7. U.S. Coast Guard Merchant Mariner Card		5. Native American tribal document
		8. Native American tribal document		6. U.S. Citizen ID Card (Form I-197)
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		9. Driver's license issued by a Canadian government authority		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		8. Employment authorization document issued by the Department of Homeland Security
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.