

AN EQUAL OPPORTUNITY EMPLOYER

## EMPLOYMENT APPLICATION

## PLEASE PRINT

Position Applied For	Desired Salary \$_	/HR Date	
NAME			
FIRST	MIDDLE	LAST	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE #()	WORK #()	CELL#()	
SOCIAL SECURITY #			
Are you currently employed? yes no	If yes, may we inquire of y	our current employer?	yes no
Have you filed an application here before? yes	no If yes, give	e date	/
Are you legally eligible for employment in this cour (Proof of U.S. Citizenship or Immigration status wil			es no
Type of employment desire? Full 7	Time Temporary	Date available for wor	k/
Will you work overtime if required?		ye	sno
If required, will you undergo pre-employment physi	ical?	ye	sno
Will you submit to a drug test?		ye	esno
Will you submit to a back ground check?		ye	sno
Have you ever been bonded?		ye	esno
Are you under an income withholding order for chil	d support?	ye	s no
Have you ever been convicted of any violations of la (Such conviction may be relevant if job related, but If YES, please explain:	does not bar you from employr		sno
Driver's license number (required by job)		State_	
Do you have your own transportation?		yes	no
Do you have your own tools?		yes	sno
If yes, list tools:			

Educational Background
List last three (3) schools attended

High School:		Addres	ss:		
From:	To:	Did you gradua	te? Yes	_ No	_ Degree/ Diploma:
College:		Addres	ss:		
From:	То:	Did you gradua	te? Yes	_ No	_ Degree/ Diploma:
Other:		Addres	ss:		
From:	To:	Did you gradua	te? Yes	_ No	_ Degree/ Diploma:
References List three profession	onal references.				
			Relation	nship:	
Company:			Phone: (	(	)
Full Name:			Relation	nship:	
Company:			Phone: (	(	_)
Address:					
Full Name:			Relation	nship:	
Company:			Phone: (	(	_)
Address:					
	cations - Summarize spek with our company.	ecial skills and qualification	s acquired	from em	nployment or other experiences that may
Comments (including explanation of any gaps in employment):					

## **Employment History** List your last three (3) employers. Phone: (\_\_\_\_\_)\_\_\_\_ Company:\_\_\_\_\_ Starting Salary:\$\_\_\_\_\_/hr Ending Salary:\$\_\_\_\_\_/hr Job Title: Responsibilites: From:\_\_\_\_\_\_ To:\_\_\_\_\_ Reason for leaving: May we contact your previous supervisor for a reference? Yes No Phone: ( ) Company: Supervisor: Starting Salary:\$\_\_\_\_\_/hr Ending Salary:\$\_\_\_\_\_/hr Responsibilites: From:\_\_\_\_\_\_ To:\_\_\_\_\_ Reason for leaving: May we contact your previous supervisor for a reference? Yes Phone: (\_\_\_\_\_) Address:\_\_\_\_ Supervisor:\_\_\_\_\_ Job Title: Starting Salary:\$\_\_\_\_\_/hr Ending Salary:\$\_\_\_\_\_/hr Responsibilites: From: To: Reason for leaving: May we contact your previous supervisor for a reference? Yes\_\_\_\_\_ PLEASE READ CAREFULLY BEFORE SIGNING I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules, regulations and Supervisor's directions. I agree that my employment is at-will, and that my employment and compensation can be terminated, with or without cause, and with or without notice, at either my or the company's option. 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 further authorize all work related verifications of employment, education, training or other work related information, as well as credit or criminal records checking. I authorize all of this information to be provided to the company or their agent and release them from any liability which might be claimed. I also understand that if called for an interview, I will be required to bring a current DMV report of my driving record and also a current copy of my criminal check report. If required, I agree to complete and fully participate in a drug test.

Applicant's Signature\_\_\_\_\_

Date

Please rate yourself on a scale of 1-10 for the following items. A 10 indicates you have the knowledge or ability to function at a high level of experience and skill, a 1 indicates no knowledge or experience in this area.

Layout Footers/Foundations	1 2 3 4 5 6 7 8 9 10	Siding Installation	1 2 3 4 5 6 7 8 9 10
Pouring Footers	1 2 3 4 5 6 7 8 9 10	Operating a Metal Brake	1 2 3 4 5 6 7 8 9 10
Concrete Finishing	1 2 3 4 5 6 7 8 9 10	Refinishing Cabinets/Furniture	1 2 3 4 5 6 7 8 9 10
Block Laying	1 2 3 4 5 6 7 8 9 10	Installing Cabinets	1 2 3 4 5 6 7 8 9 10
Brick Laying	1 2 3 4 5 6 7 8 9 10	Installing Countertops	1 2 3 4 5 6 7 8 9 10
Driveways & Sidewalks	1 2 3 4 5 6 7 8 9 10	Building Countertops	1 2 3 4 5 6 7 8 9 10
Framing New Construction	1 2 3 4 5 6 7 8 9 10	Wall Tile	1 2 3 4 5 6 7 8 9 10
Framing Additions	1 2 3 4 5 6 7 8 9 10	Floor Tile	1 2 3 4 5 6 7 8 9 10
2 <sup>nd</sup> Story Additions	1 2 3 4 5 6 7 8 9 10	Installing Wallpaper	1 2 3 4 5 6 7 8 9 10
Framing Repairs	1 2 3 4 5 6 7 8 9 10	Installing Carpet	1 2 3 4 5 6 7 8 9 10
Opening Up Load Bearing Walls	1 2 3 4 5 6 7 8 9 10	Installing Vinyl Floor	1 2 3 4 5 6 7 8 9 10
Metal Framing	1 2 3 4 5 6 7 8 9 10	Basic Plumbing	1 2 3 4 5 6 7 8 9 10
Metal Building	1 2 3 4 5 6 7 8 9 10	Advanced Plumbing	1 2 3 4 5 6 7 8 9 10
Commercial Construction	1 2 3 4 5 6 7 8 9 10	HVAC	1 2 3 4 5 6 7 8 9 10
Trussed Roofs	1 2 3 4 5 6 7 8 9 10	Basic Electrical	1 2 3 4 5 6 7 8 9 10
Tying New Roof to Existing	1 2 3 4 5 6 7 8 9 10	Advanced Electrical	1 2 3 4 5 6 7 8 9 10
Asphalt Roofs	1 2 3 4 5 6 7 8 9 10	Air Tools	1 2 3 4 5 6 7 8 9 10
Metal Roofs	1 2 3 4 5 6 7 8 9 10	Power Tools	1 2 3 4 5 6 7 8 9 10
Slate Roofs	1 2 3 4 5 6 7 8 9 10	Hand Tool Maintenance	1 2 3 4 5 6 7 8 9 10
Flat Roofs- Rubberized/Tar	1 2 3 4 5 6 7 8 9 10	Hand Tool Repair	1 2 3 4 5 6 7 8 9 10
Skylight Installation/Repairs	1 2 3 4 5 6 7 8 9 10	Vehicle Maintenance	1 2 3 4 5 6 7 8 9 10
Decks	1 2 3 4 5 6 7 8 9 10	OSHA Requirements	1 2 3 4 5 6 7 8 9 10
Trim Carpentry	1 2 3 4 5 6 7 8 9 10	Personal Time Management	1 2 3 4 5 6 7 8 9 10
Installing Patio Doors	1 2 3 4 5 6 7 8 9 10	Managing Other Personnel	1 2 3 4 5 6 7 8 9 10
Replacement Windows	1 2 3 4 5 6 7 8 9 10	Planning	1 2 3 4 5 6 7 8 9 10
Hanging Doors	1 2 3 4 5 6 7 8 9 10	Estimating	1 2 3 4 5 6 7 8 9 10
Hanging Drywall	1 2 3 4 5 6 7 8 9 10	Creativity	1 2 3 4 5 6 7 8 9 10
Finishing Drywall	1 2 3 4 5 6 7 8 9 10	Relate to Customers	1 2 3 4 5 6 7 8 9 10
Caulking	1 2 3 4 5 6 7 8 9 10	Relate to Fellow Employees	1 2 3 4 5 6 7 8 9 10
Exterior Painting/Finishing	1 2 3 4 5 6 7 8 9 10	Problem Solving	1 2 3 4 5 6 7 8 9 10
Interior Painting/Finishing	1 2 3 4 5 6 7 8 9 10	Rating of Carpenter Experience	1 2 3 4 5 6 7 8 9 10
Re-Glazing Windows	1 2 3 4 5 6 7 8 9 10	Rating of Carpenter Skills	1 2 3 4 5 6 7 8 9 10
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Are there any additional areas of expertise that you have that were not previously mentioned?