

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Date of Birth \_\_\_\_\_

P	LAST NAME	FIRST	MIDDLE	DATE
	STREET ADDRESS			HOME TELEPHONE ( )
E	CITY, STATE, ZIP			BUSINESS PHONE ( )
R	Have you ever applied for employment with us? _____ Have you been employed by this company ____ YES ____ NO IF YES: MONTH AND YEAR _____ LOCATION _____			SOCIAL SECURITY #
S	POSITION DESIRED			PAY EXPECTED?
O	Apart from absence for religious observance, are you available for full-time work? Yes ____ NO ____ If not, What hours can you work? _____			Will you work overtime if asked Yes No
N	Are you legally eligible for employment in the United States?			When will you be available to begin work?
A	Other special training or skills (languages, machine operation, etc.)			Age if under 18 _____ Referred by: _____
L				

ARE YOU WILLING TO TRAVEL OUT OF TOWN \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU WILLING TO TRAVEL OUT OF STATE \_\_\_\_\_ YES \_\_\_\_\_ NO

	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA?
E	GRADUATE				____ YES	
					____ NO	
U	COLLEGE				____ YES	
					____ NO	
A	BUSINESS/ TRADE/ TECHNICAL				____ YES	
					____ NO	
I	HIGH SCHOOL				____ YES	
					____ NO	
O	ELEMENTARY				____ YES	
					____ NO	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, OR NATIONAL ORIGIN).	

Number of Dependents, including yourself _____	Are you a Vietnam veteran? ____ Yes ____ No
Sex _____ Male _____ Female	Have you ever been bonded? ____ Yes ____ No
Marital Status: ____ Single ____ Married ____ Engaged ____ Separated ____ Divorced ____ Widowed	Date of Marriage: _____
	Are you a U. S. Citizen? ____ Yes ____ No
How long at present address? _____ years	How long at previous address? _____ years
What was your previous address? _____	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ____ Yes ____ No. If yes, describe in full.	
State names of relatives and friends working for us, other than your spouse.	
<b>JOB RELATED SKILLS AND REQUIREMENTS</b>	
Do you have a valid driver's license? ____ Yes ____ No D.L. # _____ Type of D.L. _____	
Are you willing to take a drug test if required as part of your application? ____ Yes ____ No	
Do you hold a journeyman electrician license or any other electrician license with any state, county or municipality? ____ If yes, please list the license number(s), date(s) of license(s), and location of issue:	
_____	
_____	
If a favorable hiring decision is made, will you submit to a medical examination and/or answer a medical questionnaire? ____ Yes ____ No	
Have you been given a job description or had the requirements of the job explained to you? ____ Yes ____ No	
Do you understand the requirements? ____ Yes ____ No	
Have you had safety training for electrical work? ____ Yes ____ No If yes, describe.	
Other info you wish to submit:	
_____	
The information provided in this Application for Employment is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.	
Date _____	Signature _____

# EMPLOYMENT

Please give accurate, complete full-time and part time employment record. Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed - ( Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title & Describe Your Work	Reason For Leaving:

2	Company Name	Telephone
	Address	Employed - ( Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title & Describe Your Work	Reason For Leaving:

3	Company Name	Telephone
	Address	Employed - ( Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title & Describe Your Work	Reason For Leaving:

4	Company Name	Telephone
	Address	Employed - ( Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title & Describe Your Work	Reason For Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact:

Employer # \_\_\_\_\_ Reason \_\_\_\_\_  
 Employer # \_\_\_\_\_ Reason \_\_\_\_\_

**MILITARY:** Did you serve in the U.S. Armed Forces \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what branch? \_\_\_\_\_

Describe any training received relevant to the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_

NOTICE TO APPLICANTS

This company does not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to an applicant. All offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the illegal use of drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms, and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position he or she desires with this company. The Company will make reasonable accommodations to aid handicapped applicants or employees fulfill essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

REPRESENTATIONS AND WAIVERS

Read the following conditions. If you have any questions regarding the conditions, you should ask for an explanation or clarification from the employment interviewer. Signify your understanding and specific acceptance of each condition by your signature in the space provided at end of the conditions.

I hereby authorize the company to investigate any and all statements contained in this application. I hereby consent to the Company conducting any checks concerning my background which are deemed necessary, advisable, or helpful by the Company (except contacting my current employer, unless permission is granted). I understand that if hired, I will receive a copy of the company's rules, regulations, and policies; and I acknowledge that I will be required to abide by them. I understand that if hired, I will be required to submit a drug test as part of this application procedure. I hereby consent to that drug testing. I understand that I may be required to submit to a medical examination, if I am advised of a favorable employment decision. I hereby consent to such medical examination and will fully cooperate with any required examination. I understand and agree that if this application results in employment, my employment can be terminated with or without cause and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or representative of the Company has any authority to enter into an agreement for employment for any specified periods of time or to make any agreement contrary to the foregoing. I understand that due to the cyclical nature of the construction industry that the Company is not in a position to employ field personnel on a permanent basis.

VOLUNTARY DISCLOSURE AND STATEMENT

Special employment notice to disabled veterans, Vietnam era veterans, and individuals with physical or mental handicaps:

Government contractors and subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. Also, this company complies with the Americans with Disabilities Act, and is willing to make reasonable accommodations to aid the employment of handicapped or disabled applicants.

Although you are not required to disclose information about physical or mental limitations that you believe will not interfere with capability to do the job, if you want this company to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation that you believe would be appropriate.

If you are a disabled veteran, or have a physical handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment. If you wish to be identified, please sign here:

\_\_\_\_\_ Handicapped/Disabled Individual  
\_\_\_\_\_ Disabled Veteran  
\_\_\_\_\_ Vietnam Era Veteran

Accommodations Requested:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# THIS PAGE FOR EMPLOYERS USE ONLY

## REFERENCE CHECK:

EMPLOYER	PERSON CONTACTED	RESULTS
1		
2		
3		
4		

INTERVIEWER NAME: \_\_\_\_\_

INTERVIEWER COMMENTS:	
HIRED _____ YES _____ NO _____	SALARY/WAGE _____
POSITION _____	STARTING DATE _____

LEGEND:

None: Have seen this duty performed but have <sup>NOT</sup> assisted.

Fair: Have been exposed to this duty and have assisted.

Good: Have performed this duty accurately with supervision.

Excellent: Have performed this duty accurately in a timely manner without supervision.

Note: Please respond to all categories. Be sure to not overstate your experience because we will be using this form for placing on certain jobs.

CATEGORIES	NONE	FAIR	GOOD	EXCELLENT
CARPENTRY (ROUGH)				
CARPENTRY (FINISH)				
CARPENTRY (TRIM)				
MASONRY (BLOCK)				
MASONRY (BRICK)				
CONCRETE (POURING)				
CONCRETE (FORMING)				
CONCRETE (FINISHING)				
ROOFING ( SHINGLES)				
ROOFING (SCREWDOWN METAL)				
ROOFING (STANDING SEAM METAL)				
SIDING (VINYL)				
WELDING				
BULLDOZER OPERATOR				
BACKHOE OPERATOR				
TRACKHOE OPERATOR				
BOBCAT OPERATOR				
FRONT END LOADER OPERATOR				
FORKLIFT OPERATOR				
SURVEYING/ LAYOUT				
CARPET LAYING				
TILE LAYING				
ELECTRICAL				
PLUMBING				
HVAC				
PAINTING				
MECHANICS				
DRYWALL FINISH				
DRYWALL HANG				

CEILING TILE				
STEEL BUILDING ERECTION				
STEEL BUILDING SIDING				
STEEL STUDS				
OTHER <i>RUNNING CONDUIT</i>				
OTHER <i>DUCT WORK (INSTALLATION)</i>				
OTHER				
OTHER				

PRINT NAME

SIGNATURE

DATE

