

Application for Employment

Personnel Inforn	nation				
Date of Application					
Date of Application _	Name		Middle Na	me	
Last Name First Name Street City					
		y nail			
	ay) T-SI				
Direction of the control of the cont	.,,, 1 31				
Previous Three F	Residences				
Ctuant	City	C	`+-+-	7:	# of
		S			
Street	City	S	state	Zip	# OI yrs
Educational Back	kground				
Startina with your m	ost recent school atte	nded, provide the follov	vina info	ormation:	
School, including		Completed			Major/Minor or
City/State	Completed	(please check one)		Rank	Certificate Details
5.077 5 50.05	35	Diploma GED			
		Degree Certificate			
		Other	_		
		Diploma GED			
		Degree Certificate_	_		
		Other			
		Diploma GED			
		Degree Certificate_	_		
		Other			
·		<u> </u>		l.	
Employment Cta	tuc				
Employment Sta	itus				
		this country? Yes	5	No	
Date available to star	t work				
		you provide a work per			
If no, please explain:					
Type of employment	desired:Full-time	ePart-timeTemp	oorary _	Seasor	nal

Desired hourly rate range \$		
Answering "yes" to the following question does not constitue such as date of the offense, seriousness and nature of the will be considered.	· ·	•
Have you ever pled "guilty" or "no contest" to, or been cor	nvicted of a crime? Yes	No
If yes, please provide date(s) and details:		
Employment History		
Starting with your most recent employer, provide the follow	ving information:	
Employer	Phone #	
Dates employed / - /	1 Helle #	
Employer	City	Stato
Starting Joh Title Starting W	City	_ 31ate
Starting Job Title Starting V	vage:	
Final Job Title		
Immediate Supervisor and Title		
May we contact for reference?YesNo		
Describe the type of work performed and job responsibiliti	es:	
What did you like most about your position? What did you	like least?	
Were you subject to the Federal Motor Carrier Safety Regu	lations (FMCSRs) while emplo	ved by the
previous employer? Yes No	identification (in the compre	,
Was the previous job position designated as a safety sensit	ive function in any DOT regula	ited mode
subject to alcohol and controlled substances testing requir		
Carrier Safety Administration?)Yes No	ements as required by the rec	
Employer	Phone #	
Dates employed		
Street Address	_ City	
Starting Job Title Starting V	Vage:	
Final Job Title		
Immediate Supervisor and Title		
May we contact for reference?YesNo		
Reason for Leaving:		
Describe the type of work performed and job responsibiliti		
What did you like most about your position? What did you	like least?	
Were you subject to the Federal Motor Carrier Safety Regu	lations (FMCSRs) while emplo	yed by the
previous employer?Yes No	, , ,	•
Was the previous job position designated as a safety sensit	ive function in any DOT regula	ited mode
subject to alcohol and controlled substances testing requir		
Carrier Safety Administration?)Yes No	and the state of the feet	

Employer		F	hone #	
Dates employed	/			
Street Address		City	/	State
Starting Job Title		Starting Wage:		
Immediate Superviso	r and Title			
	eference?Yes			
Reason for Leaving: _				
Describe the type of	work performed and j	ob responsibilities: _		
What did you like mo	st about your position	n? What did you like le	east?	
previous employer? _ Was the previous job subject to alcohol and Carrier Safety Admini Employment Ref List names and teleph	position designated and controlled substance stration?)Yes erences none numbers of three	as a safety sensitive fues testing requiremen No built business/work refere	inction in any DOT relats as required by the	gulated mode, Federal Motor
not previous supervis related to you.	ors. If not applicable,	please list three educ	ational or personal re	eferences who are not
Name	Title	Relationship to You	Phone Number	Number of Years Known

List of Work Experience

Please place a check mark in the appropriate box based on your prior experience with each skill.

Skill	No Experien	Some Experience	Much Experience	Comments
	ce			
Supervision				
Survey/Stakeout/Building Layout				
Equipment Operation (type)				
Concrete Slab work				
Concrete Footings & Foundations				
Concrete Finishing				
Welding Work				
Rough Carpentry				
Layout Walls				
Finishing Carpentry (trim work)				
Cabinet/Countertop Installation				
Asphalt Shingling				
Metal Roofing				
Metal/Vinyl Soffit and Facia				
Metal/Vinyl Hardiboard Siding				
Hanging Metal/Wooden Doors				
Mounting Windows				
Steel Stud Framing				
Drywall Finishing				
Acoustical Ceiling Tile Work				
HVAC Installation				
Plumbing – Journeyman or				
apprentice?				
Overall Experience:				
Steel Building Erection				
Pole Building Erection				
Residential Construction				
Commercial Construction				
Mechanical Skills				
Equipment/Vehicle Operation				
Are you comfortable scaling and				Circle: YES NO
working on ladders?				
Do you have personal hand tools				Circle: VES NO
and cordless tools to use on the job site?				Circle: YES NO
Making Coffee ©				
Other skills: (please list)				
Other skins. (piedse list)				

Driving History							
Driver's license type Expiration Date			Stat	e and Numb	oer		
Driving Experience							
Class of Equipme	nt	Type of Equipment (van, tank, flat, etc.)		Dates From: To:		Approximate # of miles driven	
Straight Truck							
Tractor and Semi-Tr	ailer						
Tractor – Two Traile	ers						
Other							
Accident Record for	Past 3	Years or More-	Attach add	itional shee	t if more space	is need	ded.
Dates Nature of (head-				nber of Number of II		njuries	Chemical Spill? Yes/No
Traffic Convictions ar	nd For	feitures for the P	ast 3 Year	s (other thai	n parking violat	ions)	
Date Convicted				Violation ation	Penalty (Forfeited bond, collateral ar points)		collateral and/or
Have you ever been							es No
If yes, please explain							
Has any license, perr If yes, explain					ked? Yes	_No	

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

I	certify that I	l have read,	fully unde	erstand and	d accept al	l terms of	the foregoing A	Applicant Statemen	ıt.

Signature of Applicant	Date
Print Name	