Job Application:



Journeyman Carpenter Position

Company Name: Quality Builders LLC

ELECTRONIC APPLICATION OPTION: https://qualitybuildersct.com/journeyman-carpe					
	ELECTRONIC APPLICATION OPTION: https://qualitybuildersct.com/journeyman-carpenter-1				
PERSONAL INFORMATION					
Full Name:					
Address:					
City, State, ZIP:					
Phone Number:					
Email Address:					
Date of Birth: Social Security Number:					
Connecticut Driver's License Number:					
Are you legally authorized to work in the United States? ☐ Yes ☐ No					
Will you now or in the future require visa sponsorship? ☐ Yes ☐ No					
What document(s) will you provide to verify your legal authority to work in the US?					
☐ US Passport ☐ Driver's License + Social Security Card ☐ Certificate of Naturalization					
□ Permanent Resident Card □ Employment Authorization Document □ Other:					
Note: You must provide acceptable documentation to verify your identity and employment auth when submitting this application.	norization				
POSITION INFORMATION					
Danikian Annii ad Fan Jawaan Camantan					
Position Applied For: Journeyman Carpenter					
Are you available to work overtime? Yes No					
Are you available to work weekends? Yes No					
Are you willing to travel to different job sites throughout Connecticut? ☐ Yes ☐ No					

EDUCATION

Highest Level of Education Completed:

 \Box High School Diploma/GED \Box Vocational/Technical School \Box Some College \Box College Degree



School Name:	
Location:	
Year Graduated:	
Relevant Coursework/Certifications:	

Quality Builders LLC.
CARPENTRY EXPERIENCE & QUALIFICATIONS
Total Years of Carpentry Experience:
Connecticut State Apprenticeship Program Completed? Yes No If Yes, Program Name: Completion Date:
OSHA Certifications: □ OSHA 10-Hour Construction Safety □ OSHA 30-Hour Construction Safety
Certification Number: Expiration Date:
Note: You must provide a copy of your OSHA 30-Hour Construction Safety certificate with this application.
Additional Certifications (check all that apply): □ Forklift Operation □ First Aid/CPR □ Other:
CARPENTRY SKILLS ASSESSMENT
Rate your skill level in each area (1=Beginner, 2=Intermediate, 3=Advanced, 4=Expert):
Framing (wood and steel): \Box 1 \Box 2 \Box 3 \Box 4
Blueprint Reading: □1 □2 □3 □4
Finish Carpentry (trim, cabinetry): □ 1 □ 2 □ 3 □ 4
Concrete/Form Work: \Box 1 \Box 2 \Box 3 \Box 4
Roofing Systems: \Box 1 \Box 2 \Box 3 \Box 4
Drywall Installation/Finishing : \Box 1 \Box 2 \Box 3 \Box 4
Door/Window Installation : \Box 1 \Box 2 \Box 3 \Box 4
Experience with Project Types (check all that apply):
\square Residential Construction \square Commercial Construction
□ Renovations/Remodeling □ Historic Restoration□ Green Building/Energy-Efficient Construction
EMPLOYMENT HISTORY

Current/Most Recent Employer:

Company Name: _____

	Address:		
		Phone:	
	Position Title:		
	Employment Dates: From	n To	
Quality Builders LLC.	Starting Wage:	Ending Wage:	
Quality Builders LLC.	Reason for Leaving:		
	Job Duties:		
Previous Employer:			
Company Name:			
Address:			
Supervisor Name: Phone	e:		
Position Title:			
Employment Dates: From To			
Starting Wage: Ending Wage:			
Reason for Leaving:			
Job Duties:			
Previous Employer:			
Company Name:			
Address:			
Supervisor Name:			
Phone:			
Position Title:			
Employment Dates: From To			
Starting Wage: Ending Wage:			
Reason for Leaving:			
Job Duties:			
TOOLS & EQUIPMENT			
Do you own standard carpentry hand tools	s? □ Yes □ No		
Do you own basic power tools? Yes No			
List major tools you own:			
Can you provide your own transportation?	⊓Yes □ No		
Do you have a suitable for transportation?			



PHYSICAL REQUIREMENTS

Can you lift 50+ pounds regularly? ☐ Yes ☐ No

Can you work in various weather conditions? ☐ Yes ☐ No Can you stand, walk, and climb for extended periods? ☐ Yes ☐ No Do you have any physical limitations that would affect your ability to perform carpentry work? ☐ Yes ☐ No If Yes, please explain: REFERENCES Reference 1: Name: Relationship: Company: ______ Phone: _____ E-mail address: _____ How long have they known you? _____ Reference 2: Name: _______ Relationship: ______ Company: ______ Phone: _____ E-mail address: How long have they known you? Reference 3: ______ Relationship: _____ Name: Company: _ Phone: E-mail address: _____ How long have they known you? _____ **ADDITIONAL INFORMATION Are you willing to submit to a drug screening and background check?** ☐ Yes ☐ No Why are you interested in this position? What makes you qualified for this journeyman carpenter position?

Applicant Signature: ______ Date: _____



Application Received:	
Reviewed By:	
Interview Scheduled: ☐ Yes ☐ N	No Date/Time :
Drug Screen Ordered : ☐ Yes ☐	No Date :
Background Check Ordered: \Box	Yes □ No Date :
Hiring Decision : □ Hire □ Do No	ot Hire Date :
Notes:	