Employment Application

We greatly appreciate your interest in our organization and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, marital, or veteran status. Please note this application must be completed in its entirety and signed, in order to be considered for employment. Information submitted on this application is subject to verification. NOTE: All new hires are required to submit documentation in accordance with the Immigration Reform and Control Act of 1986.

Name:		Personal Information:				Date:		
				Social Secur	ity #			
Last	First	MI						
Present Address:	reet		City	State	Zip			
low long have you lived								
Are you at least 18 years	of age? □ Yes □	No	If No, please s	tate your age: _				
Are you legally eligible fo	r employment in the US	S? □ Yes □	No					
Employment Infor	mation:							
Position applying for:			Date	available to star	le to start://			
Referred By:								
Are you willing to work or Are there any shifts or ho Are you able and willing to Have you ever applied for If yes, When?	ours that you cannot wo to perform job related f r a position with this Co	ork? Yes unctions with c	□ No If yes, por without reason	nable accommo				
lave you ever been conv	victed of a felony or a m	nisdemeanor?	□ Yes □ No					
If yes, state the date and employment):	•	•						
		yes, may we co	ontact your pre	sent employer?	□ Yes □ No			
In the event of an Eme		yes, may we co	ontact your pre			elationship		
n the event of an Emo	ergency, Notify:		Teleph	none	R	·		
n the event of an Eme	ergency, Notify:	yes, may we co	Teleph pleted Did	none you graduate?	R	·		
n the event of an Eme lame Education Name & Location	ergency, Notify:		Teleph	none	R	·		
n the event of an Eme	ergency, Notify:		Teleph pleted Did	none you graduate?	R			
n the event of an Emerican Name Location Name & Location High School:	ergency, Notify:		Telept pleted Did	oone you graduate? □ No	R	·		
College:	Address		Teleph pleted Did Yes	you graduate?	R			

Employment Experience:

A -l -l	Telephone:
Address:	Employed From:To:
Name of Supervisor:	Salary/Wages Start:Finish:
State job title and responsibilities	Reason for separation:
Company Name:	Telephone:
Address:	Employed From:To:
Name of Supervisor:	Salary/Wages Start:Finish:
State job title and responsibilities	Reason for separation:
Company Name:	Telephone:
Address:	Employed From:To:
Name of Supervisor:	Salary/Wages Start:Finish:
State job title and responsibilities	Reason for separation:
Company Name:	Telephone:
Address:	Employed From:To:
Name of Supervisor:	Salary/Wages Start:Finish:
State job title and responsibilities	
	bove will be contacted unless the applicant indicates differently.
	om you do not wish for is to contact? Yes No d reason:
If yes, please indicate employer ar	
If yes, please indicate employer ar References: List below the names of three pers	d reason:
If yes, please indicate employer ar References: List below the names of three pers	ons, not related to you, whom you have known for at least one year. ress & Phone Business Years
References: List below the names of three personal in hereby reaffirm that I have read to misrepresented or withheld any informative acknowledge that my employmentice. I also understand that my employment acknowledge that my employment application to give the content of the might have, personal or otherwise the might have the migh	the foregoing questions and that my answers to them are true and correct and that I have nation. I understand that falsification of this information may be cause for immediate dismissation may be terminated, and the company or I may withdraw any offer of employment without polyment is at will. This means I am free to terminate my employment at any time, for any reast imployment drug screen. I hereby authorize all references and former employers listed on mpany any and all information concerning my previous employment and any pertinent informate. I hereby release all parties, including agents, from any claims, causes of action, or liability form furnishing such information to the company or as a result of information obtained throug

Qualifications & Preferences					
Name:	-				
Please indicate which categories of Ca also which categories you prefer. Not you are better qualified. We are only preferences are.	te: Filling in a lot of blar	aks doesn't necessarily mean that			
Please indicate on a scale of 1 to 5 (1	•	•			
CADDENTEDA	Qualified (1-5)	Preference (1-5)			
<u>CARPENTRY</u> Soffit & Fascia					
Standard Trim					
Custom Trim					
Cabinet Install					
Commercial Hardware					
CONSTRUCTION					
CONSTRUCTION Stucco					
Paint					
Cement (Flat)					
Cement (Block)					
A/C					
Plumbing					
Eletric					
Roofing					
OTHER					
Computer experience					
Sales (as in salesman)					
ADDITIONAL COMMENTS:					