



Application for Employment
An Equal Opportunity Employer

Personal information

PLEASE PRINT LEGIBLY

Date: _____

Name _____
Last First Middle

Area Code & Home Telephone Number _____

Address _____

Area Code & Cell Telephone Number _____

City State Zip Code

Email Address _____

General Information

Are you 18 years or older? Yes No

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime? (Answer No if only minor traffic violations- please list all Misdemeanors and Felonies)
 Yes No

If yes, please explain: _____

Are you related to anyone in the Company? Yes No

If yes, please provide the name(s) and relationship(s) _____

Have you ever applied for a position with the Company? Yes No

If yes, what position and when did you apply: _____

Have you ever worked for the Company before? Yes No

If yes, please provide dates of employment, position(s) held and reason(s) for leaving: _____

How did you learn of the opening? Agency Internet Employee (Employee's Name) _____
 Other (Explain) _____

Have you ever been involuntarily terminated from employment? Yes No

If yes, please explain: _____

Are you willing to travel? Yes No If so, what percentage _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?
 Yes No

Are you able to meet the attendance requirements of the job? Yes No

Employment Desired

Position for which you are applying? _____ Salary Required? \$ _____

Are you currently employed? Yes No Availability Date: _____

Education

Type Of School	Name and Address of School	Graduate	Degree and Major	Years Completed
High School		Yes____ No____		1____ 2____ 3____ 4____
College		Yes____ No____ Year_____		1____ 2____ 3____ 4____

Graduate School		Yes ____ No ____ Year _____		1 ____ 2 ____ 3 ____ 4 ____
Trade/Business Correspondence School		Yes ____ No ____ Year _____		1 ____ 2 ____ 3 ____ 4 ____

Former Employers

List below your employers, beginning with the most current employer first. (Please use additional paper if necessary.)

Date Month/Year	Company Name and Address	Phone Number	Hourly Rate	Position	Reason For Leaving
From/To					
From/To					
From/To					
From/To					

Professional References

Give the name of two people that you have worked with, whom you have known at least one year. Please list two past supervisors.

Name	Phone	Occupation	Company	Years Acquainted

Personal References

Give the name of two people who you know personally. These could be family members or friends that you have known for at least 5 years.

Name	Phone	Relationship	Years Acquainted

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause by myself or the company."

NOTICE: This is a Drug Free Company. Screening test for illegal drug and alcohol are required as a condition of employment. Background checks and MVR checks are also required as a condition of employment.

Date: _____ Signature: _____

SKILLS AND CERTIFICATIONS

Please fill out the information below. It should only take you about 10 minutes to complete. Be as specific in your answers as possible. Simply check the appropriate box and fill in the appropriate information in the highlighted areas. If you are unsure of the actual date, you may list the year.

Skill Level & Training

Please check "Yes" or "No" on any skills you may have. In addition, if you marked "Yes," note your number of years' experience and "1", "2", or "3" for your level of experience. If rating yourself as a "2" or "3," please note where your training/certification was completed and the year received.

(1= Limited, 2= Skilled, and 3= Expert/Craftsman)

Framing/Metal Stud Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate- Date Completed:

Painting Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate- Date Completed:

Trim/Finish Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate - Date Completed:

Concrete Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate - Date Completed:

Storage/Pallet Rack Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate - Date Completed:

Gondola/Metal Shelves Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate- Date Completed:

Wall Systems/Slatwall Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate - Date Completed:

Drywall/ Taping Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate - Date Completed:

FRP (Specialized Flooring) Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate - Date Completed:

Ceiling Tile Yes No Years Experience- Level (1, 2, or 3)-

Documented Training/Certificate - Date Completed:

Carpeting Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Cabinet Installation Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

VCT Flooring Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Laminate Flooring Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Hardwood Flooring Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Welding Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Mechanic (auto) Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Plumbing Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

HVAC Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Electrical Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Commercial Driving Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Pre-Engineered Building Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Retail Environment Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

Commercial Environment Yes No Years Experience- Level (1, 2, or 3)-
Documented Training/Certificate - Date Completed:

