



Application for Employment

PERSONAL INFORMATION

LAST		FIRST		MI	EMAIL	
STREET ADDRESS			CITY	ST	ZIP	PRIMARY PHONE <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?				ARE YOU 18 OR OLDER?		FULL TIME OR PART TIME
MILITARY SERVICE?		BRANCH		DO YOU HAVE CONSTRUCTION EXPERIENCE?		
WHAT POSITION ARE YOU APPLYING FOR?				HOW DID YOU HEAR ABOUT THIS POSITION?		
DESIRED HOURLY RATE				DATE AVAILABLE		
IS THERE ANYTHING THAT WOULD COME UP IN A BACKGROUND CHECK THAT YOU'D LIKE TO SHARE AHEAD OF TIME?						

PRIOR WORK EXPERIENCE

	Current or Most Recent		Prior		Prior	
Employer						
Address						
Telephone/Email						
Name of Immediate Supervisor						
Dates of Employment	FROM	TO	FROM	TO	FROM	TO
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

	Name/Location	Last Year Complete	Degree	Major
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Certifications				
Other				

SKILLS AND TOOL ASSESSMENT

Skill	Skill Level		Tools	Yes No	
	Yes	No		Yes	No
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	Hammer	<input type="checkbox"/>	<input type="checkbox"/>
Rough Framing	<input type="checkbox"/>	<input type="checkbox"/>	Tape Measure	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	Square	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	Level	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	Screwdriver	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	Pliers	<input type="checkbox"/>	<input type="checkbox"/>
Drywall	<input type="checkbox"/>	<input type="checkbox"/>	Utility Knife	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	String Line	<input type="checkbox"/>	<input type="checkbox"/>
Finish Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	Flat Bar	<input type="checkbox"/>	<input type="checkbox"/>
Tile	<input type="checkbox"/>	<input type="checkbox"/>	Chisels	<input type="checkbox"/>	<input type="checkbox"/>
Hardwood Flooring	<input type="checkbox"/>	<input type="checkbox"/>	Tool Belt	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please List)	<input type="checkbox"/>	<input type="checkbox"/>	Cordless Drill	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Sawzall	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Circular Saw	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Other: (Please list)	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE PROVIDE THREE REFERENCES (At least one non-personal reference)

Name	Phone #	Personal or Professional	Years Known
Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.		SIGNATURE	DATE