



Employment Application

Date: _____

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Name _____

Address _____

Telephone/Cell Number _____ Social Security Number _____ Date of Birth _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	If you are under 18 years of age, can you provide required proof of your eligibility to work?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been employed with us before? If yes, give date _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently employed?
<input type="checkbox"/>	<input type="checkbox"/>	May we contact your present employer?
<input type="checkbox"/>	<input type="checkbox"/>	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
		On what date would you be available for work? _____
		Are you available to work: Full Time _____ Part Time _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on "lay-off" status and subject to recall?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a dependable means of transportation to and from work?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of a felony within the last 7 years?
		(Conviction will not necessarily disqualify an applicant from employment.)

If Yes, please explain _____

IF YOU HAVE EXPERIENCE AT ANY OF THE FOLLOWING, PLEASE CHECK:

- | | | |
|--|--|---|
| <input type="checkbox"/> LABORER | <input type="checkbox"/> CONCRETE LABOR | <input type="checkbox"/> CARPENTER'S HELPER |
| <input type="checkbox"/> BRICK LABORER | <input type="checkbox"/> CONCRETE FINISHER | <input type="checkbox"/> BRICK MASON |
| <input type="checkbox"/> FRAME CARPENTER | <input type="checkbox"/> FINISH CARPENTER | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> WELDING | <input type="checkbox"/> GLASS & GLAZING | <input type="checkbox"/> PAINTING |
| <input type="checkbox"/> PAPER HANGING | <input type="checkbox"/> PLASTERING | <input type="checkbox"/> FLOOR COVERING |
| <input type="checkbox"/> CERAMIC TILE | <input type="checkbox"/> DRYWALL | |

OTHER _____

LIST TYPES OF MACHINES/EQUIPMENT YOUR ARE EXPERIENCED WITH:

LAST (3) PLACES OF EMPLOYMENT:

COMPANY NAME	ADDRESS	LENGTH OF EMPLOYMENT	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THE ABOVE INFORMATION IS TRUE AND CORRECT.

NAME _____

DATE _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER