

APPLICATION FOR EMPLOYMENT

Date: Position applying for:							
Desired Salary: Date available to work:							
PERSONAL INFORMATION							
Name:				Email:			
Date of birth:	SSN:			Phone:			
Current address:	City: State:						
Zip Code	Driver's License no.:						
Are you a U.S. Citizen? Yes No	If no, are you authorized to work in the US? Yes No						
Do you have a valid Driver's License? Yes No	Do you have a clean driving record? Yes No						
Have you ever been convicted of a felony: Yes No	If yes, explain?						
If selected for employment are you wil	you willing to submit to a pre-employment drug screening test? Yes No						
PHYSICAL ABILITY							
Are you able to lift 50 lbs. repetitiously	ously? Yes No Are you able to handle trade materials? Yes No			No			
Are you able to climb and descend from a ladder repetitiously? Yes No Are you able to set up rigging for piping and equipment? Yes No					No		
Are you able to comply with all industry and company safety standards? Yes No							
EMPLOYMENT INFORMATION							
Employer:			Dates Employed:				
Employer address:					Phone:		
Supervisor Name and title:					Pay Rate:		
Duties Performed:							
Reason for leaving: May we contact? Yes No							
Employer: Dates Employed:							
Employer address:					Phone:		
Supervisor Name and title:					ay Rate:		
Duties Performed:							
Reason for leaving: May we contact? Yes No							
Employer: Dates Employed:							
					one:		
Supervisor Name and title: Pay Rate:							
Duties Performed:							
Reason for leaving: May we contact? Yes No							
EDUCATION							
School Name	Location	Years	Attended	Graduated?	M	1ajor	



PROFESSIONAL REFERENCES							
Name	Title	Company	Phone				
SIGNATURES							
☐ I certify that all answers given herein are true and complete to the best of my knowledge.							
\square I authorize investigation of all statements contained in this application for employment.							
☐ In the event of employment, I understand that false or misleading information provided in this application or interview may result in discharge.							
Signature of Applicant	Date						