

EMPLOYEE APPLICATION

PERSONAL

Name: _____ Date: _____

Address: _____ DOB: _____

_____ SS #: _____

Email: _____ Cell: _____

Have you worked for us before? Yes No If so, when? _____

Valid Driver's License: Yes No Vehicle: Yes No

Driver's License No. _____ Make & Model: _____

Insurance Company: _____ Policy No. _____

Any health concerns? _____

SKILLS

Hand Tools: Yes No Can you read blueprints? Yes No

Experience Level: Beginner Intermediate Advanced

Special Qualifications: _____

Years Experience: _____ Expected Rate: _____

WORK HISTORY

Employer 1: _____ From: _____

Address: _____ To: _____

_____ Phone: _____

Job Title/Duties: _____

Reason for Leaving: _____ Salary: _____

Employer 2: _____ From: _____

Address: _____ To: _____

_____ Phone: _____

Job Title/Duties: _____

Reason for Leaving: _____ Salary: _____

WORK HISTORY (Continued)

Employer 3: _____ From: _____

Address: _____ To: _____

_____ Phone: _____

Job Title/Duties: _____

Reason for Leaving: _____ Salary: _____

EDUCATION

High School: _____ From: _____

Address: _____ To: _____

Classes: _____

Did you graduate? Yes No Degree: _____ Year: _____

College: _____ From: _____

Address: _____ To: _____

Classes: _____

Did you graduate? Yes No Degree: _____ Year: _____

Trade School: _____ From: _____

Address: _____ To: _____

Classes: _____

Did you graduate? Yes No Degree: _____ Year: _____

REFERENCES

Name: _____ Phone: _____

Company _____ Relationship: _____

Name: _____ Phone: _____

Company _____ Relationship: _____

Name: _____ Phone: _____

Company _____ Relationship: _____

NOTES

Personal Interview

Phone Interview