



## APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE APPLICATION IN FULL...

**Office Use Only**

Date: \_\_\_\_\_

Score: \_\_\_\_\_

**\*DO NOT LEAVE ANY BLANKS** or your application may be rejected... We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Cell# ( ) \_\_\_\_\_ - \_\_\_\_\_ Alt Ph# ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 18+ yrs of age?  YES /  NO Age: \_\_\_\_ Hold a Valid D/L:  NO /  YES:  
 Currently employed?  YES /  NO Afraid of heights?  YES /  NO D/L# \_\_\_\_\_ State \_\_\_\_\_ (EXP: Mo \_\_\_\_\_ Yr \_\_\_\_\_)  
 \*For Demographics... US Citizen?  YES /  NO US Veteran?  YES /  NO Race: \_\_\_\_\_ Have a COPY of SS Card?  NO /  YES SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Salary Requirements:** Min. \$ \_\_\_\_\_ /hr vs. Desired \$ \_\_\_\_\_ /hr **Date Available to Start:** \_\_\_\_\_  
**EMPLOYMENT DESIRED:**  F/T  P/T  TEMP **CONTRACT:** \_\_\_\_\_ **Have you applied here before?**  NO  YES: when? \_\_\_\_\_  
**POSITION DESIRED:**  FABRICATION  SERVICE  INSTALLER  SALES  OFFICE  PERMITS / SURVEYOR  GRAPHIC DESIGN / VINYL PDX  CRANE OP

### EDUCATION / EXPERIENCE

**High School** \_\_\_\_\_ **Graduate?**  NO /  YES: Year \_\_\_\_\_ **Any Certifications?**  NO /  YES \*List all Below...  
**College / Trade** \_\_\_\_\_ **Graduate?**  NO /  YES: Year \_\_\_\_\_  
**College / Trade** \_\_\_\_\_ **Graduate?**  NO /  YES: Year \_\_\_\_\_  
**Electrical License?**  NO /  YES:  Apprentice  Journeyman  Masters **CDL?**  NO /  YES: Class: \_\_\_\_\_  
**Lic#** \_\_\_\_\_ **State** \_\_\_\_\_ (Year Issued: \_\_\_\_\_ / EXP: Mo \_\_\_\_\_ Yr \_\_\_\_\_) \*Add'l Endorsements: \_\_\_\_\_

**GENERAL** Check all that apply...  METAL FABRICATOR  CUT w/ TORCH  FORKLIFT  CNC ROUTER  CRANE: \_\_\_\_\_  WELDING –  Stick /  Wire  
 ELECTRICAL –  Signs /  Basic  PAINTING –  Air gun /  Hand  READ TAPE MEASURE – \*Be sure to fill in blanks on Back

**OFFICE** Check all that apply...  QUICKBOOKS  A/P  A/R  EMAIL  ACCOUNTING  ADVERTISEMENT  WORD  EXCEL  ADOBE FORMS  
 GOOGLE FORMS  PHONES  COREL DRAW  ADOBE ILLUSTRATOR  ONYX  PERMITS  OTHER: \_\_\_\_\_  
**Social Media?**  Fb  Linked-in  Instagram  Twitter  Website

### HISTORY \*Please list the last 5-10 years of experience starting with your current (or last place) of employment...

Start Date	Employer Name / City / State	Supervisor Name & Ph #	Salary Start / End	Position Job Duties	Specify: Reason for leaving below...	End Date
Mo: _____ Yr: _____		( ) _____ - _____	Start \$ _____ End \$ _____		Give a 2 wk Notice? Y / N <input type="checkbox"/> Quit <input type="checkbox"/> Termed <input type="checkbox"/> Laid-off Why?	Mo: _____ Yr: _____
Mo: _____ Yr: _____		( ) _____ - _____	Start \$ _____ End \$ _____		Give a 2 wk Notice? Y / N <input type="checkbox"/> Quit <input type="checkbox"/> Termed <input type="checkbox"/> Laid-off Why?	Mo: _____ Yr: _____
Mo: _____ Yr: _____		( ) _____ - _____	Start \$ _____ End \$ _____		Give a 2 wk Notice? Y / N <input type="checkbox"/> Quit <input type="checkbox"/> Termed <input type="checkbox"/> Laid-off Why?	Mo: _____ Yr: _____
Mo: _____ Yr: _____		( ) _____ - _____	Start \$ _____ End \$ _____		Give a 2 wk Notice? Y / N <input type="checkbox"/> Quit <input type="checkbox"/> Termed <input type="checkbox"/> Laid-off Why?	Mo: _____ Yr: _____
Mo: _____ Yr: _____		( ) _____ - _____	Start \$ _____ End \$ _____		Give a 2 wk Notice? Y / N <input type="checkbox"/> Quit <input type="checkbox"/> Termed <input type="checkbox"/> Laid-off Why?	Mo: _____ Yr: _____

May we contact your employers?  NO /  YES  
 Ever been convicted of a felony or misdemeanor?  NO /  YES – when? \_\_\_\_\_ / why? \_\_\_\_\_  
 Do you have any health issues that would keep you from performing your job duties?  NO /  YES – please explain... \_\_\_\_\_

### REFERENCES: Please provide: 1 co-worker (1yr+) / 1 friend (known 3yrs+) / 1 relative (local or closest living).

Name	Ph#	City / State	Relation	Years

**In Case of Emergency, List Contact to keep on file...** Name: Last, First \_\_\_\_\_ Ph# ( ) \_\_\_\_\_ Relation \_\_\_\_\_

By signing below... I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT NOTICE. \*\*\* ALL APPLICANTS ARE SUBJECT TO PRE-EMPLOYMENT DRUG SCREENING & BACKGROUND CHECKS \*\*\*

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

# Fill in the blanks

