



Application for Employment

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI Nickname

Address \_\_\_\_\_  
Street City State Zip

How long at this address? \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Bilingual? \_\_\_\_\_ Foreign Languages Spoke \_\_\_\_\_

Position Applying For \_\_\_\_\_ Salary/Wage Desired \_\_\_\_\_

How did you learn about us? \_\_\_\_\_ Date available to work? \_\_\_\_\_

Ever been employed by us before? \_\_\_\_\_ If yes, give dates \_\_\_\_\_

Interested in  Full time  Part time  Contract

If part time or contract, state availability to work \_\_\_\_\_

Do you have your own truck or van? \_\_\_\_\_ If yes, will you be using it for work? \_\_\_\_\_

High School \_\_\_\_\_  
Name City Years Attended Did you graduate?

College \_\_\_\_\_  
Name City Years Attended Did you graduate?

Trade/Business/Correspondence School \_\_\_\_\_  
Name City Years Attended Did you graduate?

Describe any experiences, skills or qualifications, which would be of special benefit in the job for which, you are applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any certifications or licenses \_\_\_\_\_  
\_\_\_\_\_

US Military Branch \_\_\_\_\_ Rank \_\_\_\_\_

National Guard or Reserves \_\_\_\_\_

Number of years served \_\_\_\_\_

Honorable Discharge  Yes  No

Are you currently employed?  Yes  No

We routinely contact an applicant's current employer for reference checks. Would this pose any difficulty for you?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current or Last Employer**

Employer \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Weekly Wages \_\_\_\_\_

**Position Held and Duties**

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**Next Previous Employer**

Employer \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Weekly Wages \_\_\_\_\_

**Position Held and Duties**

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**Next Previous Employer**

Employer \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Weekly Wages \_\_\_\_\_

**Position Held and Duties**

\_\_\_\_\_

**Reason for Leaving**

\_\_\_\_\_

**Next Previous Employer**

**Employer** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Weekly Wages** \_\_\_\_\_

**Position Held and Duties**

\_\_\_\_\_

**Reason for Leaving**

\_\_\_\_\_

Please use the back of this page if additional space is needed.

**Please explain all periods of unemployment**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been terminated from employment?**  Yes  No

**If yes, please explain**

\_\_\_\_\_

\_\_\_\_\_

**Do you have the physical and/or mental capabilities to perform the essential functions of the job?**  
 Yes  No

**If no, please state the accommodations that would allow you to perform the job**

\_\_\_\_\_

\_\_\_\_\_

**Driver's License#** \_\_\_\_\_ **State Issued** \_\_\_\_\_ **Exp.** \_\_\_\_\_

**Do you have liability insurance?**  Yes  No

**If yes, please give the name of the insurance company and expiration date.**

\_\_\_\_\_

Has your driver's license ever been suspended or revoked for any reason?  Yes  No

If yes, please give the reason and date.

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Have you ever been involved in a motor vehicle accident of any type within the last five (5) years?

Yes  No

If yes, fill in the details concerning each accident. If additional space is needed, please use the back of this page.

Date	Location	Details
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

List traffic citations you have received during the past five (5) years and the state the disposition of each, such as "dismissed", "paid fine", "defensive driving", Ect.

Date	Location	Type	Details
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<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>

If you have been convicted of driving while intoxicated or under the influence of drugs or alcohol, please explain

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If you are hired for a position, which requires driving, you must keep us informed of any changes in your driving record.

*Employers in Texas have a legal duty in regard to each employee's safety. You, your fellow works' and our customers' safety is of utmost importance. It is neither beneficial to you nor us to place you in a job where you have higher risk of injury because of a mental or physical condition. As an Equal Opportunity Employer, we consider applicants for employment regardless of their disabilities, however in addition to our own requirement, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job. Therefore, you must be honest with us in regard to your personal evaluation as to your abilities to perform the essential functions. If you are unable to perform the essential functions of the job, we welcome you to discuss any needs for accommodations that would allow you to perform the job.*

I certify that all information given on this application is true, correct, and complete to the best of my knowledge. I also certify that I have not knowingly withheld any fact or circumstance, which would, if discussed, affect my application unfavorably.

The company is hereby authorized to make any investigation of my past employment (current employment, if indicated above that this would not pose any difficulty), education, credit, driving or criminal history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.

I understand that an offer of employment and continued employment with the company is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.

If employed, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal. I agree to furnish additional information as may be required to complete my employee file. I understand that operating conditions may require me to temporarily work shifts other than the one I am applying for, and I agree to the scheduling changes as directed by my supervisor.

I also underrated that my employment is subject to the completion of a drug screening, and I understand that my continued employment may be conditional upon maintaining a favorable health evaluation and drug screening.

I understand that this is an application for employment and that no employment contract, either expressed or implied, is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or with out notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits, and operating policies.

**Applicant Signature:** \_\_\_\_\_

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

## Skills Assessment

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

Name: \_\_\_\_\_

Please check off the trades which you have experience and include how many years you have experience and your level of capability. Rank your level of experience from 1-5, 1 = Very experience/Master Level and 5 = Very little experience.

Trade	Years Experience	Level of Experience	Comments
<input type="checkbox"/> Carpentry	_____	_____	_____
<input type="checkbox"/> Painting	_____	_____	_____
<input type="checkbox"/> Electrical	_____	_____	_____
<input type="checkbox"/> Plumbing	_____	_____	_____
<input type="checkbox"/> Masonry-Concrete	_____	_____	_____
<input type="checkbox"/> Caulking/Grout	_____	_____	_____
<input type="checkbox"/> Ceramic Tile	_____	_____	_____
<input type="checkbox"/> Glass/Screens	_____	_____	_____
<input type="checkbox"/> Cabinets/Counters	_____	_____	_____
<input type="checkbox"/> Walls/Drywall	_____	_____	_____
<input type="checkbox"/> Doors	_____	_____	_____
<input type="checkbox"/> Windows	_____	_____	_____
<input type="checkbox"/> Ceilings	_____	_____	_____
<input type="checkbox"/> Flooring	_____	_____	_____
<input type="checkbox"/> Gutters	_____	_____	_____
<input type="checkbox"/> Roofing	_____	_____	_____
<input type="checkbox"/> Siding	_____	_____	_____
<input type="checkbox"/> Decks	_____	_____	_____
<input type="checkbox"/> Fences	_____	_____	_____

Other

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please list all power tools you would have available to use on the job.**

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