



FIELD APPLICATION FOR EMPLOYMENT
(An equal opportunity employer)

Date: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____
Position applied for: _____

Do you have a Master or Journeyman's License?
Yes ___ No ___ If yes, in what field? _____

Salary you require _____ Date you can start _____
Are you currently employed? Yes _____ No _____

Have you been convicted of, or served time for a felony in the past seven years? If yes, please explain in detail on the back. Yes _____ No _____

EDUCATION

High School

Name of School _____ Years completed _____
Address: _____ Did you graduate? _____
City: _____ State _____ Zip: _____

College

Name of School _____ Years completed _____
Address: _____ Did you graduate? _____
City: _____ State _____ Zip: _____

Trade School

Name of School _____ Years completed _____
Address: _____ Did you graduate? _____
City: _____ State _____ Zip: _____

FORMER EMPLOYMENT

Name: _____ Employment dates: _____
Address: _____ City: _____ State: _____
Position/Title: _____ Salary: _____
Reason for Leaving: _____

Name: _____ Employment dates: _____
Address: _____ City: _____ State: _____
Position/Title: _____ Salary: _____
Reason for Leaving: _____

Name: _____ Employment dates: _____
Address: _____ City: _____ State: _____
Position/Title: _____ Salary: _____
Reason for Leaving: _____

List all the skills you have mastered in your trade (make note of computer experience): _____

On the following lines, elaborate on anything that you feel makes you a more desirable candidate for this position: _____

REFERENCES

Give us the names, addresses and phone numbers of three people who are not related to you and who have known you three years or more, who will be willing to discuss your character.

STATEMENT OF CONFIRMATION

I declare my answers to the questions on this application are true and I hereby authorize the right to investigate my past employment, activities and statements contained in this application and release from all liability and responsibility all persons, companies or corporations supplying such information. I understand that such information may include a record of disciplinary actions assessed by previous employers, and hereby release such parties from any obligation to provide me with written notification of such disclosures.

I submit this application with the understanding that I will be required to take a drug test, physical, and Arcon, and that any offer of employment is contingent upon successfully passing these tests. I also understand that evidence of my right to work in the United States must be provided upon employment. I know the use of this form does not indicate there are any positions available and does not in any way obligate this company. However, this application will remain active for 90 days at which time, if I am still interested in being considered for employment, I will submit a new application. I understand that unless otherwise agreed to in writing, any employment will not be for any specified length of time and either I or the company may terminate my employment and compensation at any time with or without cause and with or without prior notice to the other. I further understand that falsification of any information on this application may result in my discharge.

Signature of Applicant

Date

Printed Name of Applicant