



# Employment Application

Do you need any accommodation to participate in the application or interview process?  Yes  No

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

Specialty \_\_\_\_\_ Hire Date \_\_\_\_\_

## Personal Data

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_

## Education

High School Grad?  Yes  No Are you a veteran of Military Service?  Yes  No  
Name of school beyond High School \_\_\_\_\_ Major \_\_\_\_\_  
Vocational Training \_\_\_\_\_ Certificate/Degree Earned \_\_\_\_\_

## Work Experience

Current or last employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Description/Title \_\_\_\_\_ Phone # \_\_\_\_\_  
Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_ Who to contact \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## Work Experience

Previous employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Description/Title \_\_\_\_\_ Phone # \_\_\_\_\_  
Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_ Who to contact \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Work Experience**

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Previous employer \_\_\_\_\_ Address \_\_\_\_\_

Job Description/Title \_\_\_\_\_ Phone # \_\_\_\_\_

Dates of employment: Start \_\_\_\_\_ End \_\_\_\_\_ Who to contact \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Additional Information**

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Volunteer work, hobbies, and special skills \_\_\_\_\_

**References (Names of persons not related to you)**

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<u>Name</u>	<u>Phone #</u>
_____	_____
_____	_____
_____	_____

**Hours of Availability**

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Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

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Please provide your birth date for a SLED background check \_\_\_\_\_

I understand a SLED background check is required and that drug testing is random and can be required at any time. With my signature, I attest that the above information is accurate and give permission and agree to both.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

# Experience Level

On a scale of **0 to 5 (0 = none, 5 = extensive)**, please rate your level of experience in the following categories.

## Appliance

- |                                           |                                                        |                                                     |
|-------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> General Repair   | <input type="checkbox"/> Above Range Microwave Install | <input type="checkbox"/> Range Install/Replace      |
| <input type="checkbox"/> Disposal Install | <input type="checkbox"/> Dishwasher Install            | <input type="checkbox"/> Range Hood Install/Replace |
| <input type="checkbox"/> Water Heater     | <input type="checkbox"/> HVAC                          | <input type="checkbox"/> Ice Maker                  |
| <input type="checkbox"/> Dryer Vents      | <input type="checkbox"/> Washing Machine/Dryer Install |                                                     |

## Carpentry

- |                                              |                                                    |                                                    |
|----------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Rotten Wood Replace | <input type="checkbox"/> Window Replace            | <input type="checkbox"/> Countertop Replace        |
| <input type="checkbox"/> Cabinetry           | <input type="checkbox"/> Exterior Door Replacement | <input type="checkbox"/> Framing/Wall Construction |
| <input type="checkbox"/> Finish Trim Work    | <input type="checkbox"/> Interior Door Replacement |                                                    |

## Electrical

- |                                                    |                                                      |                                                      |
|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Breaker Replace           | <input type="checkbox"/> Electrical Outlet Replace   | <input type="checkbox"/> Light Fixtures/Ceiling Fans |
| <input type="checkbox"/> 3-Way Switch Install      | <input type="checkbox"/> Wire Ratings/Gauge          | <input type="checkbox"/> Burying Wire Underground    |
| <input type="checkbox"/> GFIC Install              | <input type="checkbox"/> New Outlet/Switch Install   | <input type="checkbox"/> Dryer Outlet Install        |
| <input type="checkbox"/> Electrical Building Codes | <input type="checkbox"/> Troubleshooting Bad Outlets |                                                      |

## Landscaping

- |                                           |                                                 |                                          |
|-------------------------------------------|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Planting Shrubs  | <input type="checkbox"/> Mowing/Trimming/Edging | <input type="checkbox"/> Fence Building  |
| <input type="checkbox"/> Landscape Design | <input type="checkbox"/> Sprinkler System       | <input type="checkbox"/> Ground Leveling |
| <input type="checkbox"/> Shrub Pruning    | <input type="checkbox"/> Tree Removal/Trimming  | <input type="checkbox"/> Gutter Cleaning |
| <input type="checkbox"/> Laying Sod       |                                                 |                                          |

## Plumbing

- |                                                   |                                                    |                                                  |
|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Wax Seal Replace         | <input type="checkbox"/> New Bath Fixtures (Added) | <input type="checkbox"/> Faucet Replace/Repair   |
| <input type="checkbox"/> Icemaker Supply          | <input type="checkbox"/> Dishwasher Supply         | <input type="checkbox"/> Shower Stem Replace     |
| <input type="checkbox"/> Copper Soldering (Sweat) | <input type="checkbox"/> Slow/Clogged Drains       | <input type="checkbox"/> Water Filtration System |
| <input type="checkbox"/> Plumbing Building Codes  | <input type="checkbox"/> Commode Repair/Replace    |                                                  |

### Painting

- |                                   |                                   |                                       |
|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Drywall  | <input type="checkbox"/> Stain    | <input type="checkbox"/> Seal/Varnish |
| <input type="checkbox"/> Interior | <input type="checkbox"/> Exterior | <input type="checkbox"/> Wall         |
| <input type="checkbox"/> Caulking |                                   |                                       |

### Flooring

- |                                       |                                            |                                             |
|---------------------------------------|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Ceramic Tile | <input type="checkbox"/> Laminate          | <input type="checkbox"/> Vinyl              |
| <input type="checkbox"/> Carpet       | <input type="checkbox"/> Hard Wood Install | <input type="checkbox"/> Hard Wood Refinish |

### Remodeling

- |                                                |                                               |                                         |
|------------------------------------------------|-----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Shower Pan Install    | <input type="checkbox"/> Bathtub Replace      | <input type="checkbox"/> Vanity Replace |
| <input type="checkbox"/> Full Bathroom Remodel | <input type="checkbox"/> Full Kitchen Remodel | <input type="checkbox"/> Vinyl Siding   |

### Miscellaneous

- |                                                             |                                                       |                                                      |
|-------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Roof Repairs                       | <input type="checkbox"/> Roof Vent Replace            | <input type="checkbox"/> Gutter Install/Replace      |
| <input type="checkbox"/> Lock Install (New)                 | <input type="checkbox"/> Screen (Porch) Repair        | <input type="checkbox"/> Insulation Attic/Crawlspace |
| <input type="checkbox"/> Plaster/Masonry Cutting            | <input type="checkbox"/> Concrete Forming/Refinishing | <input type="checkbox"/> Pest Removal                |
| <input type="checkbox"/> Picture Hanging                    | <input type="checkbox"/> Storm Door Install           | <input type="checkbox"/> Brick Laying/Repair         |
| <input type="checkbox"/> A/C Vent Replace                   | <input type="checkbox"/> Wallpaper                    | <input type="checkbox"/> Garage Door Opener Install  |
| <input type="checkbox"/> Garage Door Install/Repair/Replace |                                                       |                                                      |

### TAVS

- |                                                  |                                                        |                                               |
|--------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Phone Jack              | <input type="checkbox"/> Stereo/Surround Sound Install | <input type="checkbox"/> Coax Cable Install   |
| <input type="checkbox"/> Video Projector Install | <input type="checkbox"/> TV Install                    | <input type="checkbox"/> Video Screen Install |