

Application for Work



| APPLICANT INFORMATION | | | | | | | | | | |
|--|------------------------------|-----------------------------|--|----------------|--|------------------|------------------------------|-----------------------------|--|--|
| Last Name | | | | First | | | M.I. | Date | | |
| Street Address | | | | | | Apartment/Unit # | | | | |
| City | | | | State | | | ZIP | | | |
| Phone | | | | E-mail Address | | | | | | |
| Date of Birth | | | Hours Available | | | | Desired Hourly Pay | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | |
| Are you licensed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, for what? | | | | | | | |
| Are you insured? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, for what? | | | | | | | |
| Are you worker's comp. exempt? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, do you have any workers? | | | | | | | |
| Have you ever been arrested? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | | |
| Do you have a driver's license? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, do you have your own vehicle for work? | | | | | | | |
| Do you have your own tools? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| WORK EXPERIENCE | | | | | | | | | | |
| Can you do basic carpentry? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you do trim work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you paint? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you do drywall & finish work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you do electrical? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you do plumbing? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you do flooring? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you install cabinetry? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you do any concrete work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you install windows & doors? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you do A/C work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you do attic work? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Can you work on a high ladder? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, to what extent? | | | | | | | |
| Is there any other work you specialize in? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, what kind? | | | | | | | |
| DISCLAIMER AND SIGNATURE | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | | | |
| <i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i> | | | | | | | | | | |
| Signature | | | | | | Date | | | | |