

Application for Employment

Today's Date:	Telephone:	Mobile:			
Last Name:	First Name:	Middle Name(s):			
Address:		Apartment:			
City:	State:	Zip Code:			
County:	Country:				
Position applying for:		Date you are avai	lable:		
Employment Status: □ Full-Time	□ Part-Time	☐ Temporary	□ Seasonal	□ On-Call	
Are you willing to work overtime as neces	sary? 🗆 Yes	□ No			
Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? □ Yes □ No					
Have you ever pled guilty or "no contest"	to, or been convicted	of, a misdemeano	or of felony?		
□ Yes □ No					
If Yes, gives dates and explain below. *Note: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. Dates and explanation:					
Are you 18 years of age or older? □ Yes □ No					
Have you ever been employed by Skilled Staffing? \Box Yes \Box No If Yes, state dates of employment, location and position title:					
Have you ever been terminated or asked t and provide dates:	o resign from any job	o? □ Yes □ No If	Yes, please expla	in circumstances	
Please explain any gaps in your employment history:					
May we contact your employer? □ Yes □ No If No, please explain:					
How did you hear about this position? (Pl	ease specify the nam	e of the source, ag	ency, etc.)		

Skill/Qualification:		
License/Certificate Number:	State:	Exp. Date:
In order to permit a check of your work and edu name or assumed name that you previously used below:		
Name:	Relevant Date:	
Name:	Relevant Date:	
List any relatives who are currently employed by	Skilled Staffing:	
Name:	Relationship:	
Name:	Relationship:	
References		
Give name, address, and telephone number of tware previous employers.	wo professional references	who are not related to you, but
Name:	Telephone:	
Address:	Company Name:	
Name:	Telephone:	
Address:	Company Name:	
Give name, telephone number of three character	r references related to you. (Family/Friends)
Name:	Telephone:	
Name:	Telephone:	
Name:	Telephone:	
Education		
Name of School:	City/State:	#Years Attended:
Field of Study:	Diploma/Degree:	
Name of School:	City/State:	#Years Attended:
Field of Study:	Diploma/Degree:	

Employment Record						
		Pay Rate:				
Employer:		Supervisor:	☐ Hourly ☐ Salary			
Employer Address	:		City/State:			
			Zip Code:			
From:	To:	Position:	Telephone:			
Work Performed:						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Reason for Leaving:						
Employer:			Pay Rate:			
		Supervisor:	☐ Hourly ☐ Salary			
Employer Address:		City/State:				
		,	Zip Code:			
From:	To:	Position:	Telephone:			
Work Performed:						
Reason for Leaving	g:					
			Pay Rate:			
Employer: Supervisor:		☐ Hourly ☐ Salary				
Employer Address:			City/State:			
			Zip Code:			
From:	To:	Position:	Telephone:			
Work Performed:						
Reason for Leaving:						
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application may result in my release.						
Signature:		Date:				

Skills Work Sheet

Place an "X" beside the trades that you consider to be your SKILLS. In addition, please tell us how many years experience you have in each of these SKILLS.

X plus # of Years	Skills	X plus # of Years	Skills	X plus # of Years	Skills
	Cabinet – Installation Cabinet – Maker Carpenter – Finish Carpenter – Form Carpenter – Prame Carpenter – Punch+C43 Carpenter – Helper Ceiling – Installation Concrete – Finish Concrete – Form Concrete – Block Mason Concrete – Brick Mason Concrete – Rock Carver Concrete – Rod Buster Concrete – Stucco Plaster Concrete – Stucco Lather Concrete – Tile		Drywall – Finish Drywall – Hanger Drywall – Framer – Metal Electrician Electrician – Fiber Optics Electrician Helper Equipment Operator – Cert. Estimator Flooring – Carpet Installer Flooring – Installer Flooring – Inlay Installer General Helper Glazier – Installation		HVAC – Installer HVAC – Sheet Metal Insulation – Installer Painter – Brush/Roller Painter – Spray Plumbing – Plumber Plumbing – Pipe Fitter Supervisor Welding – MIG Welding – TIG Welding – Stick Clerical

Please Circle any TOOLS that you currently OWN:

TOOLS	TOOLS	TOOLS
Banjo	Hammer Drill	Saw – Cordless
Bazooka	Hardware	Scroll Saw
Belt Sander	Template	Screw Gun
Brushes – Concrete Finish	Hinge Template	Side Cutters
Brushes – Drywall Finish	Jig Saw	Sledge Hammer
Brushes – Paint	Lineman Pliers	Spray Machine
Chop Saw	Mag Float	Stilts
Circular Saw	Mag Level	Table Saw
Clamps	Miter Saw	Tie Wire Reel
Compressor	Mixer	Tin Snips
Compound Mitre Saw	Pad Sander	Torch-Cutting
Cordless Drill	Pin Gun	Torch- Plumbing
Electrical Tester	Plumb Bob	Trim Gun
EMT Benders	Palm Sander	Trowel
Finish Broom	Pin Gun	T Square – 4"
Finish Machine	Pop Rivet Gun	Welding Machine
Finish Tray	Punch	Wire Strippers
Frame Square	Radius Trowel	Zip Router
Framing Gun	Roller Frames	Basic Tools for Trade
	Router	No Tools

Do you have any other tools not listed above? Please specify name of tool and what it is used for.	
Do you have any Licenses or Certificates related to your skills? Please list:	