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APPLICATION FOR EMPLOYMENT

Please type or print in black or blue ink to complete this application. Answer all applicable questions and do not state, "See resume."

Position Desired: _____ Date: _____

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)
Address	City	State Zip
Phone(s)	Social Security Number	
Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide proof of your eligibility to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you physically or otherwise unable to perform the duties of the job for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe		

EMPLOYMENT INFORMATION

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your current employer? Please provide name and address.	
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employer phone	
Are you prevented lawfully from being employed in the US because of Visa or immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please note: Proof of citizenship or immigration status will be required upon employment</i>	
On what date would you be available for work?	
Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Begin with your current or most recent job and list in descending order. Include any job related military service and volunteer activities. You may exclude organizations which indicate race, religion, national origin, handicap, or other protected status.			
Current or most recent employer (name, address, phone)			
Positions/Duties			
Dates Employed: From	To	Hourly Rate/Salary: Beginning	Ending
Supervisor		Reason for leaving	

EMPLOYMENT HISTORY (continued)

Second most recent employer (*name, address, phone*)

Positions/Duties

Dates Employed: *From* *To* Hourly Rate/Salary: *Beginning* *Ending*

Supervisor Reason for leaving

Third most recent employer (*name, address, phone*)

Positions/Duties

Dates Employed: *From* *To* Hourly Rate/Salary: *Beginning* *Ending*

Supervisor Reason for leaving

EDUCATION/SKILLS INFORMATION

Highest grade completed in school 6 7 8 9 10 11 12 13 14 15 16 17+

Name and address of most recent school attended

Vocational or business schools attended

List any certifications such as OSHA 10, CPR, forklift or boom lift operator, rigging, etc.

Use this space to include any additional information about personal skills, work style, or further qualifications you have

SKILLS ASSESSMENT

Below is a listing of skills related to positions available with Total Building Solutions LLC. Please check off all skills you have experience with in past employment, fill in your amount of experience in years/months, and provide a rating of your skill level on a scale of 1-10 (1 being minimal skill level and 10 being an expert).

Shop/Field Skills Related to Steel

<input type="checkbox"/> Fabrication	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Welding	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Layout	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Steel Erection	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Carpentry	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Metal Siding/Roofing	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Concrete (Foundations)	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Concrete (Flatwork)	Experience:	Years	Months	Skill Level:

Equipment Skills

<input type="checkbox"/> CDL, <i>Include Class:</i>	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Hydraulic Press Brake	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Overhead Crane	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Hydraulic Mobile Crane	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Telescopic Forklift	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Backhoe	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Skid Loader	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Scissor/Boom Lift	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Shop Forklift	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Manual Plasma Cutting	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Oxyacetylene Cutting Torch	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Drill/Mill Machine	Experience:	Years	Months	Skill Level:

Management Skills

<input type="checkbox"/> Foreman/Superintendent	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Project Manager	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Industrial Construction Management	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Team Leader	Experience:	Years	Months	Skill Level:

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SKILLS ASSESSMENT (continued)

Other Skills

<input type="checkbox"/> AutoCAD Design	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> QA/QC	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Millwright Assembly	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Millwright	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Lifting and Rigging	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Reading Blueprints/Drawings	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Piping	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Pneumatics	Experience:	Years	Months	Skill Level:
<input type="checkbox"/> Hydraulics	Experience:	Years	Months	Skill Level:

TRAFFIC VIOLATIONS

Complete this section **only** if you are applying for a position that requires use of a vehicle while conducting company business. If hired, your information is subject to verification through a Department of Motor Vehicles Report.

How many traffic violations have you had during the past two years?

Please describe

Drivers License Number

State

CRIMINAL BACKGROUND DISCLOSURE

For purposes of employment with Total Building Solutions LLC, disclosure of "convictions" below includes sentenced to confinement, paid fines, served time, placed on probation (including deferred adjudication), and court ordered restitution over the past 7 years. Conviction of a felony will not necessarily bar you from employment with Total Building Solutions LLC.

Have you ever been convicted or plead guilty or no contest to a felony offense?

Yes No

If yes: City/State

Charge

Please explain

Employment Felony Conviction Disclosure Agreement

I _____ agree to notify Total Building Solutions LLC immediately if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony or any crime involving dishonesty or breach of trust, both while my application for employment is pending or during my period of employment if I am hired.

Signature of Applicant

Date

PERSONAL REFERENCES

Name only the persons who are familiar with your work capabilities. Do not list relatives.

Name	Phone	Years Known
Address		
Occupation/Position		
Name	Phone	Years Known
Address		
Occupation/Position		
Name	Phone	Years Known
Address		
Occupation/Position		

ADDITIONAL INFORMATION

Have you applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral <input type="checkbox"/> Other (specify)
Do you have friends and/or relatives currently employed with Total Building Solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, who?

Emergency Contact Information

This information is only for use in case of emergency and is not used in processing your employment application.	
Name of Emergency Contact	Phone
Address	
Their place of employment	Phone
Employment address	
Their relationship to you	

I certify that answers given on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained as may be necessary to arrive at an employment decision.

This application for employment shall be considered active for a period not to exceed 180 days. Any applicant wishing to be considered for employment beyond that time should inquire as to whether or not applications are being accepted at the time they wish to reapply.

I understand that I may be required to successfully complete a pre-employment physical examination conducted by a company-authorized physician and that I may also be required to pass a pre-employment drug screening after a job offer for employment has been made.

Signature of Applicant _____ Date _____