

# **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)	Em	ail	
Are you 18 years of age or older?			🗌 Yes 🗌 No
If you are under 18 years of age, can you pr	ovide proof of your eligibility to wo	rk?	🗌 Yes 🗌 No
Are you physically or otherwise <b>unable</b> to perform the duties of the job for which you are applying?		🗌 Yes 🗌 No	
If yes, please describe			

### **EMPLOYMENT INFORMATION**

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

Supervisor

То

Hourly Rate/Salary: *Beginning* 

Ending

Reason for leaving

EMPLOYMENT HISTORY (continued)			
Second most recent employer (name	e, address, phone)		
Positions/Duties			
Dates Employed: From	То	Hourly Rate/Salary: Beginning	Ending
Supervisor		Reason for leaving	
Third most recent employer (name,	address, phone)		
Positions/Duties			
Dates Employed: From	То	Hourly Rate/Salary: Beginning	Ending
Supervisor		Reason for leaving	
Supervisor		Reason for leaving	

EDUCATION/SKILLS INFORMATION			
Highest grade completed in school $\bigcirc$ 6 $\bigcirc$ 7 $\bigcirc$ 8 $\bigcirc$ 9 $\bigcirc$ 10 $\bigcirc$ 11 $\bigcirc$ 12 $\bigcirc$ 13 $\bigcirc$ 14 $\bigcirc$ 15 $\bigcirc$ 16 $\bigcirc$ 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				
Fabrication	Experience:	Years	Months	Skill Level:
Welding	Experience:	Years	Months	Skill Level:
Layout	Experience:	Years	Months	Skill Level:
Steel Erection	Experience:	Years	Months	Skill Level:
Carpentry	Experience:	Years	Months	Skill Level:
Metal Siding/Roofing	Experience:	Years	Months	Skill Level:
Concrete (Foundations)	Experience:	Years	Months	Skill Level:
Concrete (Flatwork)	Experience:	Years	Months	Skill Level:
	Equipment	Skills		
CDL, Include Class:	Experience:	Years	Months	Skill Level:
Hydraulic Press Brake	Experience:	Years	Months	Skill Level:
Overhead Crane	Experience:	Years	Months	Skill Level:
Hydraulic Mobile Crane	Experience:	Years	Months	Skill Level:
Telescopic Forklift	Experience:	Years	Months	Skill Level:
Backhoe	Experience:	Years	Months	Skill Level:
Skid Loader	Experience:	Years	Months	Skill Level:
Scissor/Boom Lift	Experience:	Years	Months	Skill Level:
Shop Forklift	Experience:	Years	Months	Skill Level:
Manual Plasma Cutting	Experience:	Years	Months	Skill Level:
Oxyacetylene Cutting Torch	Experience:	Years	Months	Skill Level:
Drill/Mill Machine	Experience:	Years	Months	Skill Level:
Management Skills				
Foreman/Superintendent	Experience:	Years	Months	Skill Level:
Project Manager	Experience:	Years	Months	Skill Level:
Industrial Construction Management	Experience:	Years	Months	Skill Level:
Team Leader	Experience:	Years	Months	Skill Level:

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SKILLS ASSESSMENT (continued)				
Other Skills				
AutoCAD Design	Experience:	Years	Months	Skill Level:
QA/QC	Experience:	Years	Months	Skill Level:
Millwright Assembly	Experience:	Years	Months	Skill Level:
Millwright	Experience:	Years	Months	Skill Level:
Lifting and Rigging	Experience:	Years	Months	Skill Level:
Reading Blueprints/Drawings	Experience:	Years	Months	Skill Level:
Piping	Experience:	Years	Months	Skill Level:
Pneumatics	Experience:	Years	Months	Skill Level:
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

## 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.

State

PERS	ONAL 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?	🗌 Yes 🗌 No			
How did you learn about us? Advertisement Internet Walk-in Referral Other (specify)				
Do you have friends and/or relatives currently employed with Total Building Solutions?	🗌 Yes 🗌 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 companyauthorized 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 \_\_\_\_\_Date \_\_\_\_\_