



Employment Application

Please print and use blue or black ink

Name (last, first, middle initial) _____ Date _____
Social Security Number _____

If you have ever been known another name, if so: _____

Contact Information

Home Phone: _____ Work Phone: _____ Other: _____

Mailing Address

Street/PO Box _____ Apt # _____

Town _____ State _____ Zip code _____

How were you referred?

- Friend Yellow Pages Newspaper Add Radio
- Employee Previous Employee Television

Type of Employment Desired (check all that apply)

Position Desired _____

Full Time Part Time (hours per week) _____ Wage desired: _____ Lowest Wage Acceptable: _____

Are you willing to work weekends? yes no Work Overtime? yes no

Are you employed now? yes no When could you begin work? _____

Are you a US Citizen? yes no Are you legally eligible for employment in the US? yes no

Do you have a car? yes no Current Valid Drivers yes no License Number: _____

Has your driver's license ever been suspended or revoked? yes no

Have you ever been convicted of a felony? yes no

General Skills (check all that apply):

Do you have Steel-Toed Boots? yes no

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Collection | <input type="checkbox"/> Cashier | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sawmill |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Marketing | <input type="checkbox"/> Roofer | <input type="checkbox"/> Grinder |
| <input type="checkbox"/> Typing | <input type="checkbox"/> Sales | <input type="checkbox"/> Drywall | <input type="checkbox"/> Labor (construction) |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Shipping Receiving | <input type="checkbox"/> Painting | <input type="checkbox"/> Labor (unskilled) |
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Welding | <input type="checkbox"/> Janitor |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Driving Class A, B | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Maintenance Worker |
| <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Equipment Operator | <input type="checkbox"/> Mechanic (diesel automotive) |
| <input type="checkbox"/> Retail Store | <input type="checkbox"/> Electrician | <input type="checkbox"/> Forklift Operator | |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Electronics Technician | <input type="checkbox"/> Machinist | |
| <input type="checkbox"/> Secretary | | | |
| <input type="checkbox"/> Switchboard | | | |

Computer Skills (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Windows XP | <input type="checkbox"/> Word Processor | <input type="checkbox"/> Presentation Graphics |
| <input type="checkbox"/> Mac OS X | <input type="checkbox"/> Database | <input type="checkbox"/> Desktop Publishing |
| <input type="checkbox"/> Other Operating Systems | <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Accounting Software |

Other skills (specify) _____

Education

College or Trade School

Name City, State

Courses? Graduate? Year?

High School

Name City, State

Courses? Graduate? Year?

Military Training

Employment History

Most Recent Employer

Company Name: _____

Address: _____

Your Position: _____

Date Started: _____

Date Left: _____

Avg. Hours: _____ Salary: _____

Business Phone: _____

Type of Business: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

Can we contact your current employer for a work reference? yes no

Previous Employer

Company Name: _____

Address: _____

Your Position: _____

Date Started: _____

Date Left: _____

Avg. Hours: _____ Salary: _____

Business Phone: _____

Type of Business: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

Previous Employer

Company Name: _____

Address: _____

Your Position: _____

Date Started: _____

Date Left: _____

Avg. Hours: _____ Salary: _____

Business Phone: _____

Type of Business: _____

Supervisor: _____

Duties: _____

Reason for Leaving: _____

List three references—these should be persons not related to you who have know you for at least on year

Name	Address	Phone	Relation	How long known?
1.	_____			
2.	_____			
3.	_____			

Agreement on Background Investigation

I understand that an investigative report may be made and hereby agree to authorize all persons, schools, companies, consumer reporting agencies and other organizations to supply any accurate information concerning my background. I understand that I have a right to disclosure of such information reported, as provided by law. I understand that this application form is the property of One Stop Home Repair and may only be used to help secure employment for me.

SIGNED: _____ DATE: _____