



**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ SSN.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**References**

*Please list one professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**Disclaimer and Signature**

*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 or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**Certifications**

- |                          |                              |                          |                          |
|--------------------------|------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | OSHA ____                    | <input type="checkbox"/> | Med Gas                  |
| <input type="checkbox"/> | CERTIFIED FORKLIFT           | <input type="checkbox"/> | Safety Coordinator       |
| <input type="checkbox"/> | INDUSTRIAL/CONSTRUCTION LIFT | <input type="checkbox"/> | Electrical Power Testing |
| <input type="checkbox"/> | AERIAL-SCISSOR LIFT OPERATOR | <input type="checkbox"/> |                          |
| <input type="checkbox"/> | FALL PROTECTION              | <input type="checkbox"/> |                          |
| <input type="checkbox"/> | POWER ACTUATED TOOLS         | <input type="checkbox"/> |                          |
| <input type="checkbox"/> | CONFINED SPACES              |                          |                          |
| <input type="checkbox"/> | SCAFFOLD TRAINING            |                          |                          |
| <input type="checkbox"/> | RIGGER/SIGNAL PERSON         |                          |                          |
| <input type="checkbox"/> | FIRE WATCH                   |                          |                          |
| <input type="checkbox"/> | TELESCOPIC (LULL)            |                          |                          |