

## Application for Employment

Name:	Date:
Address:	Telephone/Cell No.:
	Email:

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### Position Desired

Position:	Start date available:
Wage rate desired: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Do you prefer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If part-time, hours per week desired:
How did you learn about this opening?	

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### Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

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### Computer Skills

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Revit	<input type="checkbox"/> PowerPoint
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> SketchUp	<input type="checkbox"/> Other: _____
<input type="checkbox"/> AutoCad version: _____	<input type="checkbox"/> Photoshop	<input type="checkbox"/> Other: _____
<input type="checkbox"/> MicroStation		

## Work Experience

Please list previous employment, **beginning with the most recent.**  
 If you need more room, you may attach another sheet of paper.

<b>Employer:</b>		Address:
From:	Position Held:	Reason for Leaving:
To:		
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Compensation:    \$		Final Compensation:    \$

<b>Employer:</b>		Address:
From:	Position Held:	Reason for Leaving:
To:		
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		

<b>Employer:</b>		Address:
From:	Position Held:	Reason for Leaving:
To:		
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		

Are you 18 years of age or older?  Yes  No  
 Are you either a U.S. citizen or an alien authorized to work in the U.S.?  Yes  No  
 Have you ever worked or attended school under another name? If so, under what name?  Yes  No

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Have you ever been in the Armed Forces?  Yes  No  
 Are you now a member of the National Guard?  Yes  No

Date Entered: \_\_\_\_\_ Discharge Date \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Have you had any accidents during the past three years?  Yes  No If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No If yes, how many? \_\_\_\_\_

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Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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## References

Identify three persons who know your work, **beginning with the most recent.**

Name:	Telephone/Cell No.:
Company:	Email:
Position:	

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<b>Name:</b>	Telephone/Cell No.:
Company:	Email:
Position:	

<b>Name:</b>	Telephone/Cell No.:
Company:	Email:
Position:	

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### **Authorization and Acknowledgements**

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

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Signature

Date

### **An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors.