



## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

DATE \_\_\_ / \_\_\_ / \_\_\_

Name	Last	First	Middle	Social Security Number	
Present Address	Street		City	State	Zip Code
Permanent Address	Street		City	State	Zip Code
Home Phone Number			Alternate Phone Number		

### LEGAL

Are you 18 years of age or older?     Yes     No    If no, please state your date of birth: \_\_\_ / \_\_\_ / \_\_\_

Are you legally entitled to work in the United States?     Yes     No

Have you been convicted of a felony within the last five years?     Yes     No  
 If yes, please explain in full (record of conviction does not necessarily disqualify applicant from employment consideration):

\*You are not required, nor will you be asked to report, whether you have a sealed conviction or arrest.

### EMPLOYMENT DESIRED

Position:	Date you can start:	Salary Desired:
Referred By:		
Have you ever worked for or applied at <u>GroundUp, Inc.</u> before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details including dates of employment or application:		

### EDUCATION

	Name and Address of School	Degree / Area of Study	Number of Years Attended	Did you Graduate?
Grammar				<input type="checkbox"/> Y <input type="checkbox"/> N
High School				<input type="checkbox"/> Y <input type="checkbox"/> N
College				<input type="checkbox"/> Y <input type="checkbox"/> N
Business / Technical				<input type="checkbox"/> Y <input type="checkbox"/> N
Graduate				<input type="checkbox"/> Y <input type="checkbox"/> N

### MILITARY SERVICE

Branch of Service	Specialization	Rank
Are you a military reservist or a National Guard member? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**EMPLOYMENT HISTORY**

List your last employers starting with your present or most recent employer. Please complete even if you have submitted a resume.

Date (M/D/Y)	Company Name			Type of Business		
From	Address			Reason For Leaving		
To	State	Zip	Phone Number			
Job Title		Name of Supervisor		May we contact?	Starting Pay	Ending Pay
Duties Performed						

Date (M/D/Y)	Company Name			Type of Business		
From	Address			Reason For Leaving		
To	State	Zip	Phone Number			
Job Title		Name of Supervisor		May we contact?	Starting Pay	Ending Pay
Duties Performed						

Please account for any periods of time for which you were not employed.

From	To	Reason	From	To	Reason
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**SKILLS & ADDITIONAL INFORMATION**

Membership in professional and civic organizations, special accomplishments, awards, etc. Exclude those which may disclose your race, color, religion, age, or national origin.


**REFERENCES** Give the names of three professional references, not related to you, who you have known at least one year.

Name	Address	Phone Number	Business	Years Known
Name	Address	Phone Number	Business	Years Known
Name	Address	Phone Number	Business	Years Known

I certify that all information provided in this Employment Application is true and complete. I understand that any false, incomplete, misrepresented information, or omission may disqualify me from further consideration for employment.

I have read, understand, and by my signature consent to all of these statements.

Applicant Signature: \_\_\_\_\_ Date (Mo./Day/Year): \_\_\_\_\_

Please list any tools that you have:

Pouches	Other Tools:
Hand Tools	
Levels	
Sanders	
Saws	
Cordless Screw Gun	
Drills	

Please rate your skills from 1 - 10 (10 being the highest)

Carpentry:		
	Layout	
	Frame	
	Stairs	
	Winders	
	Cabinets	
	Countertop Install	
	Hand Built & Formica	
	Trusses, Conventional	
	Common	
	Hip	
Plumbing:		
	Copper	
	Pvc	
Electrical:		
	Panel Work	
	Piping	
	Wiring	
Siding:		
	Vinyl	
	Aluminum	
	Cedar Lap	
Drywall:		
	Hanging	
	Taping	
	Finishing	
Miscellaneous:		
	Garage Doors	
	Roofing	
	Painting	
	Windows	
	Handyman Work	

Flooring:		
	Pergo/Wilsonite	
	Prefinished 3/4	
	Site Finish 3/4	
	Linoleum	
	Ceramic	
	Marble	
	Granite	
Doors:		
	Exterior	
	Prehung	
	Bifolds	
	Bypass	
	Pocket	
Soffit & Faces:		
	Facia	
	Aluminum	
	Wood	
	Vinyl	
Trim:		
	Base	
	Casing	
	Crown	
	Railings	
	Chairrail	
Other:		