

EMPLOYEE APPLICATION

NAME (LAST, FIRST, MIDDLE):		NICKNAME:	SOCIAL SECURITY NUMBER:	
STREET ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:		EMAIL ADDRESS:	
IN CASE OF EMERGENCY, NOTIFY — NAME / RELATIONSHIP:				EMERGENCY PHONE:
POSITION APPLYING FOR:		DATE AVAILABLE:		MIN. RATE PER HR: \$____/HR
18 YEARS OLD? <input type="checkbox"/> Yes <input type="checkbox"/> No	PREVIOUS U.S. MILITARY — Branch / Rank:		LANGUAGES FLUENT IN BESIDES ENGLISH:	
HOW DID YOU HEAR OF US?		AVAILABLE TO WORK FULL TIME? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RIGHT TO WORK IN U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No		ALIEN REG #:		ALIEN REG. EXP DATE:

AVAILABILITY & WORK PREFERENCES

WHICH DAYS ARE YOU AVAILABLE? Mon Tue Wed Thu Fri Sat Sun **PREFERRED SHIFT:** 1st 2nd 3rd

CITIES AVAILABLE TO WORK IN: _____ **AVAILABLE FROM:** _____ A.M. to _____ P.M.

Transport available Available full time Available same day Temp to hire Available part time Resume attached

EQUAL OPPORTUNITY EMPLOYER: You are requested (but not required) to provide the personal data below. Information will only be used for government reporting purposes and not as selection criteria for the hiring process.

White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Two or More Races Hispanic/Latino

WORK SKILLS: CHECK THE SKILLS AND TYPES OF WORK YOU HAVE DONE

<input type="checkbox"/> Administrative	<input type="checkbox"/> Electrician (4+ yrs)	<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Sheet Metal (1-2 yrs)
<input type="checkbox"/> Carpenter (Concrete Form)	<input type="checkbox"/> Fall Protection Trained	<input type="checkbox"/> Maintenance Tech	<input type="checkbox"/> Sheet Metal (3-4 yrs)
<input type="checkbox"/> Carpenter (Finish)	<input type="checkbox"/> Flooring Installer	<input type="checkbox"/> Mason	<input type="checkbox"/> Sheet Metal (4+ yrs)
<input type="checkbox"/> Carpenter (Rough)	<input type="checkbox"/> Foreman	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Stucco/EIFS
<input type="checkbox"/> CNC Machinist	<input type="checkbox"/> Forklift Certification	<input type="checkbox"/> Millwright	<input type="checkbox"/> Tile Setter
<input type="checkbox"/> Commercial Construction	<input type="checkbox"/> Glazier (Glass Install)	<input type="checkbox"/> OSHA 10	<input type="checkbox"/> Traffic Control
<input type="checkbox"/> Concrete Finisher	<input type="checkbox"/> Heavy Equipment Opp	<input type="checkbox"/> OSHA 30	<input type="checkbox"/> TWIC Card
<input type="checkbox"/> Construction Labor	<input type="checkbox"/> Heavy Lifting (50 lbs)	<input type="checkbox"/> Painter	<input type="checkbox"/> Underground Utilities
<input type="checkbox"/> Crane Operator	<input type="checkbox"/> HVAC (1-2 yrs)	<input type="checkbox"/> Pipe Fitter	<input type="checkbox"/> Warehouse/Manufacturing
<input type="checkbox"/> Demolition	<input type="checkbox"/> HVAC (3-4 yrs)	<input type="checkbox"/> Plumber (1-2 yrs)	<input type="checkbox"/> Welder (6G-Pipe)
<input type="checkbox"/> DOT MED Card	<input type="checkbox"/> HVAC (4+ yrs)	<input type="checkbox"/> Plumber (3-4 yrs)	<input type="checkbox"/> Welder (D1.1)
<input type="checkbox"/> Driver ("F" END)	<input type="checkbox"/> Industrial Construction	<input type="checkbox"/> Plumber (4+ yrs)	<input type="checkbox"/> Welder (MIG)
<input type="checkbox"/> Driver (CDL A/B)	<input type="checkbox"/> Insulator	<input type="checkbox"/> Plumber (Med Gas)	<input type="checkbox"/> Welder (Stick)
<input type="checkbox"/> Drywall Tech	<input type="checkbox"/> Iron Worker	<input type="checkbox"/> PPE	<input type="checkbox"/> Welder (TIG)
<input type="checkbox"/> Dump Truck Driver	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Residential Construction	
<input type="checkbox"/> Electrician (1-2 yrs)	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Rigger	
<input type="checkbox"/> Electrician (3-4 yrs)	<input type="checkbox"/> Lifts (Aerial)	<input type="checkbox"/> Rodbuster	

PREVIOUS EMPLOYMENT

FROM	TO	NAME OF EMPLOYER	PAY/HR	POSITION / REASON FOR LEAVING

HAVE YOU PREVIOUSLY WORKED FOR TradesExchange? No Yes HAVE YOU EVER WORKED FOR OR APPLIED WITH A TEMPORARY SERVICE? No Yes (If Yes, list below)

EDUCATION

SCHOOL NAME:	DEGREE:	DIPLOMA/CERT:
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PROFESSIONAL REFERENCES

NAME	JOB TITLE	PHONE	EMAIL