



Application For Employment

We are an equal opportunity employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PLEASE PRINT CLEARLY

Position applied for: Foreman Journeyman Apprentice Date of Application _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Home Phone _____ Cell Phone _____ Soc. Sec. No. _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date you are available for work _____

Type of employment desired - Full Time Part Time Temporary

Have you ever been convicted of a crime in the last (7) years? Yes No

If yes, please explain _____

What pay rate are you looking for? _____ / hour _____ / week

Do you have your own reliable transportation? Yes No

Do you have your own hand tools as required by your trade? Yes No

Driver's license number _____ State _____

Any driving convictions within the last (7) years? Yes No

If yes, please explain _____

Would you be willing to submit to a Pre-employment Drug Screening Test? Yes No

Briefly explain why you would like to work for Faithco and what you see as your greatest assets:

Work Experience

List present and former employers beginning with the most recent

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
SUPERVISOR / TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY FINAL \$ PER ___ HOUR ___ WEEK	

FROM	TO	EMPLOYER	PHONE
JOB TITLE		ADDRESS	
SUPERVISOR / TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
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REASON FOR LEAVING		HOURLY RATE / SALARY FINAL \$ PER ___ HOUR ___ WEEK	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates you have that may qualify you to perform job-related functions in the position for which you are applying:

Record of Education

NAME AND LOCATION	YRS COMPL	GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

Personal References

(NOT FORMER EMPLOYERS OR RELATIVES)

NAME	PHONE NUMBER	YEARS KNOWN

To be completed by all applicants - Please read carefully before signing

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME OR ANY PARTY REPRESENTING MY INTERESTS IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT.

I GIVE THE EMPLOYER THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM FORMER EMPLOYERS AND OTHERS, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THE COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I'M HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

Your signature acknowledges that you have read and agree to the material above.

Applicant's Signature _____ Date _____