



Employment Application Form

PLEASE PRINT YOUR ANSWERS LEGIBLY

Date:

Name:

Last

First

Middle

Home Phone:

Cell Phone:

Email Address:

Position applied for:

Wages desired:

(\$/hr)

Negotiable?

Yes

No

Employment desired:

FULL-TIME

PART-TIME

SUBCONTRACTOR

How many hours can you work weekly?

Nights?

Weekends?

What date can you start?

Have you ever been convicted of a felony?

Yes

No

If yes, please explain:

Do you have a valid driver's license?

Yes

No

What is your means of transportation to work?

Full Size Pickup

Full Size Van

Car

Small Truck/Minivan

Have you had any accidents during the past three years?

Yes

No

How many?

Have you had any moving violations during the past three years?

Yes

No

How many?

Have you ever been cited for driving under the influence of alcohol or any banned substance?

Yes

No

If yes, please explain:

CONSTRUCTION SKILLS

Please answer the following specific questions regarding your experience:

<input type="checkbox"/> Foreman	# of yrs exp:		<input type="checkbox"/> Sales	# of yrs exp:	
<input type="checkbox"/> Lead Carpenter	# of yrs exp:		<input type="checkbox"/> Accounting	# of yrs exp:	
<input type="checkbox"/> Metal Studs	# of yrs exp:		<input type="checkbox"/> Project Management	# of yrs exp:	
<input type="checkbox"/> Drywall Hanging	# of yrs exp:		<input type="checkbox"/> Estimating	# of yrs exp:	
<input type="checkbox"/> Electrical	# of yrs exp:		<input type="checkbox"/> Computer Skills	# of yrs exp:	
<input type="checkbox"/> Acoustical Ceilings	# of yrs exp:		<input type="checkbox"/> Retail Construction	# of yrs exp:	
<input type="checkbox"/> Doors/Hardware	# of yrs exp:		<input type="checkbox"/> Scheduling Jobs	# of yrs exp:	
<input type="checkbox"/> Trim/Millwork	# of yrs exp:		<input type="checkbox"/> Purchasing	# of yrs exp:	

Please provide a detailed list of all applicable construction skills, training, and/or experience you have:

Please provide a detailed list of some significant jobs you have worked on:

Please list the tools you own and are willing to use on the job:

REFERENCES

Please list two references other than relatives or previous employers:

Name:		Name:	
Position:		Position:	
Company:		Company:	
Address:		Address:	
Phone Number:		Phone Number:	

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Place Services, Inc. creates an actual or implied contract of employment. I understand that if I accept employment with Place Services, Inc. it will be on an at-will basis. This means that either Place Services, Inc. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Place Services, Inc. I release Place Services, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing. I authorize Place Services, Inc. to investigate information concerning my education, credit history, employment experiences and all other aspects of my background relevant to my proposed employment. I release Place Services, Inc. and its employees from all liability arising from such investigation.

Signature of applicant

Date

Fax completed application to 678-671-2383 or via email careers@placeservicesinc.com