



## CRAFT EMPLOYMENT APPLICATION

SPECIFIC POSITION APPLIED FOR:	APPLICATION DATE:
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**THIS APPLICATION IS FOR EMPLOYMENT IN CONSTRUCTION, MAINTENANCE, OR A RELATED ACTIVITY WHERE CONDITIONS MAY REGULARLY REQUIRE PHYSICAL ACTIVITY, LIFTING, CLIMBING, WORKING OFF THE GROUND, OR EXPOSURE TO VARIABLE CLIMATIC CONDITIONS. ONLY INFORMATION ASKED FOR ON THIS APPLICATION WILL BE CONSIDERED.**

NAME (First, Middle Initial, Last)	SOCIAL SECURITY NUMBER	HOME PHONE NUMBER
PERMANENT STREET ADDRESS	CITY	STATE
	ZIP CODE	MESSAGE PHONE NUMBER
EMERGENCY CONTACT INFO.	NAME	TELEPHONE PHONE NUMBER
	STREET ADDRESS	CITY
	STATE	ZIP
ARE YOU 18 YEARS OF AGE OR OLDER?	DATE AVAILABLE	RATE EXPECTED (Hr-Wk)
<input type="checkbox"/> No <input type="checkbox"/> Yes		\$ _____ per
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, Position Title:	Project:	Date Terminated:

ARE YOU CERTIFIED IN ANY CRAFTS?  No     Yes, Certified Crafts:

EDUCATION	SCHOOL NAME/LOCATION (City, State)	TOTAL YRS. COMPLETED	TYPE DEGREE RECEIVED	YR. DEGREE EARNED	MAJOR COURSE OF STUDY
HIGH SCHOOL					GRADUATE? GED?
COLLEGE					
GRADUATE SCHOOL					
VOCATIONAL/ TECHNICAL SCHOOL					

RELATED TRAINING COURSES	
COURSE NAME	COURSE SPONSOR (School or Company)

CRAFT LICENSES/CERTIFICATIONS & NO.	STATE, COUNTY, CITY	EXPIRATION DATE

**PERSONAL REFERENCES (List three (3) persons who are not relatives)**

NAME	ADDRESS (Street, City, State, Zip)	OCCUPATION	YEARS KNOWN

**PREVIOUS EMPLOYMENT (Begin with present or last employer and list all previous employment. Previous Employment Continuation Sheet, if necessary)**

DATES (Mo. - Yr.)	EMPLOYER NAME EMPLOYER ADDRESS (City - State)	POSITION TITLE NAME OF SUPERVISOR	BASE RATE OF PAY	REASON FOR LEAVING
From	1. Name	Position	\$	
To	City State	Supervisor	Per	
From	2. Name	Position	\$	
To	City State	Supervisor	Per	
From	3. Name	Position	\$	
To	City State	Supervisor	Per	
From	4. Name	Position	\$	
To	City State	Supervisor	Per	
From	5. Name	Position	\$	
To	City State	Supervisor	Per	
From	6. Name	Position	\$	
To	City State	Supervisor	Per	

HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A MISDEMEANOR?     NO     YES, Explain and Give Dates:

**CHEMICAL SCREENING**

Freeman Mechanical maintains the working environment is safer and more productive without the presence of controlled substances or alcohol. Freeman Mechanical considers chemical screening (urinalysis) to be part of the overall program to prevent controlled substances from entering our workplaces.

As a part of our policy on certain projects, all applicants for employment are required to submit to a urinalysis screening test after the decision is made to hire. If you refuse the test or the test confirms a positive result, your application will be denied or your employment will be terminated.

I AUTHORIZE FREEMAN MECHANICAL TO CONTACT ANY AND ALL FORMER EMPLOYERS AND/OR REFERENCES TO VERIFY THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION. I RELEASE FREEMAN MECHANICAL AND ANY PARTY PROVIDING REFERENCE INFORMATION TO FREEMAN MECHANICAL FROM ANY AND ALL LIABILITIES OR CLAIMS ARISING FROM THE VERIFICATION PROCESS. I HAVE READ AND CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT I MAY NOT BE HIRED OR IF HIRED, MY EMPLOYMENT WILL BE SUBJECT TO TERMINATION IF I HAVE MADE ANY OMISSIONS OR MISREPRESENTATIONS IN COMPLETING THIS APPLICATION. I ALSO UNDERSTAND THAT THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND THAT, IF HIRED, ANY JOB I MIGHT HAVE WHILE WITH FREEMAN MECHANICAL IS CONSIDERED AT WILL EMPLOYMENT.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AN EQUAL OPPORTUNITY EMPLOYER**  
This Application is valid for 60 days from application date.