

## Carpenter Job Application

Date of Application

| MONTH | DAY | YEAR |
|-------|-----|------|
|       |     |      |

### A. PERSONAL INFORMATION

|                         |       |            |                     |
|-------------------------|-------|------------|---------------------|
| LAST NAME               | FIRST | MIDDLE     | HOME PHONE<br>(   ) |
| STREET ADDRESS/P.O. BOX |       | APT NUMBER | CELL PHONE          |
| CITY                    | STATE | ZIP        | E-MAIL ADDRESS      |

### B. EMPLOYMENT OBJECTIVE

|                  |                                                                                                        |
|------------------|--------------------------------------------------------------------------------------------------------|
| POSITION DESIRED | WAGE DESIRED    per hour                                                                               |
|                  | TYPE OF EMPLOYMENT DESIRED<br><input type="checkbox"/> FULL TIME<br><input type="checkbox"/> PART TIME |

### C. GENERAL INFORMATION

|                                                                                                                                                                                                                                                                                                  |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| ARE YOU UNDER 18 YEARS OF AGE?<br><input type="checkbox"/> NO <input type="checkbox"/> YES   IF YES, A WORK PERMIT OR OTHER PROOF OF ELIGIBILITY TO WORK WILL BE REQUIRED AT TIME OF HIRE                                                                                                        |                                                                                           |
| IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES                                                                                                                                                     |                                                                                           |
| DO YOU HAVE A VALID DRIVER'S LICENSE<br><input type="checkbox"/> NO <input type="checkbox"/> YES<br><br>IF YOU DO NOT HAVE A DRIVER'S LICENSE: STATE OF PA I.D. #                                                                                                                                | IF JOB INVOLVES DRIVING:<br>DRIVER'S LICENSE NUMBER<br><br>EXPIRATION DATE:<br><br>STATE: |
| HAVE YOU EVER BEEN <u>CONVICTED</u> OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?<br><input type="checkbox"/> NO <input type="checkbox"/> YES   IF YES, GIVE DATES AND CIRCUMSTANCES ON A SEPARATE SHEET OF PAPER.<br><i>A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT.</i> |                                                                                           |

### D. PROFESSIONAL REFERENCES

|         |         |                |             |                     |
|---------|---------|----------------|-------------|---------------------|
| 1. NAME | ADDRESS | CITY/STATE/ZIP | PHONE/EMAIL | RELATIONSHIP TO YOU |
|         |         |                |             |                     |
| 2. NAME | ADDRESS | CITY/STATE/ZIP | PHONE/EMAIL | RELATIONSHIP TO YOU |
|         |         |                |             |                     |
| 3. NAME | ADDRESS | CITY/STATE/ZIP | PHONE/EMAIL | RELATIONSHIP TO YOU |
|         |         |                |             |                     |

## E. EMPLOYMENT INFORMATION

**DO NOT ATTACH A RESUME IN PLACE OF COMPLETING THIS FORM**

**LIST YOUR PREVIOUS JOB BEGINNING WITH THE MOST RECENT EMPLOYMENT FIRST.  
INCLUDE MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT.**

|                    |       |     |                               |     |                                                                                               |
|--------------------|-------|-----|-------------------------------|-----|-----------------------------------------------------------------------------------------------|
| COMPANY            |       |     | DATES                         |     | IF STILL EMPLOYED MAY WE CONTACT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                    |       |     | FROM:                         | TO: |                                                                                               |
| STREET             |       |     | STARTING SALARY<br>BASE RATE  | \$  | REASON FOR LEAVING                                                                            |
|                    |       |     |                               | PER |                                                                                               |
| CITY               | STATE | ZIP | SUPERVISOR (NAME & JOB TITLE) |     |                                                                                               |
|                    |       |     |                               |     |                                                                                               |
| PHONE<br>(     )   |       |     |                               |     |                                                                                               |
| JOB TITLE & DUTIES |       |     |                               |     |                                                                                               |

|                    |       |     |                               |     |                                                                                               |
|--------------------|-------|-----|-------------------------------|-----|-----------------------------------------------------------------------------------------------|
| COMPANY            |       |     | DATES                         |     | IF STILL EMPLOYED MAY WE CONTACT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                    |       |     | FROM:                         | TO: |                                                                                               |
| STREET             |       |     | STARTING SALARY<br>BASE RATE  | \$  | REASON FOR LEAVING                                                                            |
|                    |       |     |                               | PER |                                                                                               |
| CITY               | STATE | ZIP | SUPERVISOR (NAME & JOB TITLE) |     |                                                                                               |
|                    |       |     |                               |     |                                                                                               |
| PHONE<br>(     )   |       |     |                               |     |                                                                                               |
| JOB TITLE & DUTIES |       |     |                               |     |                                                                                               |

|                    |       |     |                               |     |                                                                                               |
|--------------------|-------|-----|-------------------------------|-----|-----------------------------------------------------------------------------------------------|
| COMPANY            |       |     | DATES                         |     | IF STILL EMPLOYED MAY WE CONTACT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                    |       |     | FROM:                         | TO: |                                                                                               |
| STREET             |       |     | STARTING SALARY<br>BASE RATE  | \$  | REASON FOR LEAVING                                                                            |
|                    |       |     |                               | PER |                                                                                               |
| CITY               | STATE | ZIP | SUPERVISOR (NAME & JOB TITLE) |     |                                                                                               |
|                    |       |     |                               |     |                                                                                               |
| PHONE<br>(     )   |       |     |                               |     |                                                                                               |
| JOB TITLE & DUTIES |       |     |                               |     |                                                                                               |

**F. EDUCATION AND TRAINING INFORMATION**

|                             | NAME & LOCATION OF SCHOOL | MAJOR FIELD  | DID YOU GRADUATE                                         | LAST YEAR COMPLETED                                                                                            | DIPLOMA/DEGREE   |
|-----------------------------|---------------------------|--------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------|
| HIGH SCHOOL                 |                           |              | <input type="checkbox"/> YES <input type="checkbox"/> NO | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | IF PENDING DATE: |
| UNDERGRADUATE COLLEGE(S)    |                           |              | <input type="checkbox"/> YES <input type="checkbox"/> NO | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | IF PENDING DATE: |
|                             |                           |              | <input type="checkbox"/> YES <input type="checkbox"/> NO | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | IF PENDING DATE: |
| GRADUATE SCHOOL             |                           |              | <input type="checkbox"/> YES <input type="checkbox"/> NO | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | IF PENDING DATE: |
| OTHER SCHOOLS (TRADE, ETC.) |                           |              | <input type="checkbox"/> YES <input type="checkbox"/> NO | 1 2 3 4<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | IF PENDING DATE: |
| LICENSES                    | TYPE                      | STATE ISSUED | DATE ISSUED                                              |                                                                                                                | DATE EXPIRES     |
|                             |                           |              |                                                          |                                                                                                                |                  |
|                             |                           |              |                                                          |                                                                                                                |                  |
|                             |                           |              |                                                          |                                                                                                                |                  |

**G. CERTIFICATION AND AGREEMENT**

Clemleddy Construction is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Clemleddy Construction to verify their accuracy and to obtain reference information on my work performance. I hereby release Clemleddy Construction from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that Clemleddy Construction may require drug & alcohol testing as part of the hiring process or during employment, in line with all applicable laws. By submitting this application, I agree to complete any required testing and understand that a positive result, refusal to test, or tampering with a test may disqualify me from employment or lead to termination.

I further authorize Clemleddy Construction to conduct a criminal background check and any other job-related screenings allowed by law. I understand that any job offer may be contingent on the results of these screenings, and that Clemleddy Construction will follow all legal requirements, including providing any necessary notices before taking action based on background and screening information.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Skills (circle *only* your 3 best skills)**

|           |               |                  |                  |      |
|-----------|---------------|------------------|------------------|------|
| Framing   | Interior Trim | Wood Siding      | Concrete Forming |      |
| Cabinetry | Drywall       | Roofing Shingles | Painting         | Tile |

**Experience (circle *all* types of jobs you have worked on)**

|                          |                        |                       |
|--------------------------|------------------------|-----------------------|
| New production housing   | Residential remodeling |                       |
| New commercial buildings | Commercial Remodeling  | Insurance restoration |

**Tools (circle all that you have)**

|                    |                |             |                  |
|--------------------|----------------|-------------|------------------|
| Leather Nail Apron | Framing Hammer | Trim Hammer | Circular Saw     |
| 4-ft. Level        | Framing Square | Chalk Box   | Stocked Tool Box |
| Reciprocating Saw  | Cords          |             |                  |

**Declarations**

1. Is anything preventing you from starting immediately? ☐ Yes ☐ No
2. Is there a limit on the hours or days you can work? ☐ Yes ☐ No
3. Have you used illegal drugs in the last two years? ☐ Yes ☐ No
4. Have you had any felony convictions in the past seven years? ☐ Yes ☐ No
5. Have you ever been dismissed or forced to resign from employment? ☐ Yes ☐ No

If you answered "Yes" to any of the above, please explain.