



# Employment Application

258 N Second St. Decatur IN 46733 260-724-4000

PLEASE PRINT: COMPLETE PAGES 1-4.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long at this residence? \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ [ ] Text [ ] Voice

Best time to Contact: \_\_\_\_\_

2<sup>nd</sup> Phone (\_\_\_\_) \_\_\_\_\_ [ ] Text [ ] Voice

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired [ ] FULL TIME ONLY [ ] PART-TIME ONLY [ ] FULL- OR PART-TIME

When available for work?

Days/hours available to work

If under 18, please list age \_\_\_\_\_

No Pref \_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_

Position applied for \_\_\_\_\_  
 and salary desired \_\_\_\_\_ (Be specific)

Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_

Any Physical Handicaps? \_\_\_\_ Yes \_\_\_\_ No

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Marital Status: \_\_\_\_ Married \_\_\_\_ Years Married \_\_\_\_ Divorced  
 \_\_\_\_ Single \_\_\_\_ Engaged \_\_\_\_ # of Dependents

Any Serious Illness in last 5 Years? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? [ ] No [ ] Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A VALID DRIVER'S LICENSE  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Operator  Commercial (CDL)  Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**OFFICE ONLY**

Typing  Yes  No \_\_\_\_\_ WPM 10-key  Yes  No Word Processing  Yes  No \_\_\_\_\_ WPM

Personal Computer  Yes  No \_\_\_\_\_ PC \_\_\_\_\_ Other \_\_\_\_\_

Computer Skills \_\_\_\_\_ Mac \_\_\_\_\_

Are you currently Employed?  Yes  No

Lay off Are you subject to recall? \_\_\_\_\_

Are you prevented from lawful employment in this country because of Visa or immigration?  Yes  No

Proof of Citizenship required.

Please list references other than relatives or previous employers.

**TWO PERSONAL REFERENCES:**

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

**TWO PROFESSIONAL REFERENCES:**

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

[ ]			
HAVE YOU EVER BEEN IN THE ARMED FORCES? ____ Yes ____ No			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ____ Yes ____ No			
Specialty _____	Date Entered _____	Discharge Date _____	

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: _____ Address _____  Phone number _____  May we contact? ____ Y ____ N	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Explain any gaps in employment: \_\_\_\_\_

Specialized Training or Skills: \_\_\_\_\_

Rate Your Skill Level on each category between 1 to 10 (10 Being Excellent)

\_\_\_\_\_ General Carpentry    \_\_\_\_\_ Siding & Roofing    \_\_\_\_\_ Cabinet Work    \_\_\_\_\_ Trim Carpentry  
 \_\_\_\_\_ Windows & Doors    \_\_\_\_\_ Framing    \_\_\_\_\_ Bath/Plumbing    \_\_\_\_\_ Appliance Installation

Do you have your own tools? \_\_\_\_ Yes \_\_\_\_ No

Do you have your own truck or van? \_\_\_\_ Yes \_\_\_\_ No

Did you complete this application yourself? \_\_\_\_ Yes \_\_\_\_ No If not, who did? \_\_\_\_\_

Do you agree to be randomly tested for illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

Do you agree to allow us to do a background check? \_\_\_\_ Yes \_\_\_\_ No

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being considered at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" relationship may or may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date