

EVERS
CONSTRUCTION
COMPANY, INC.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you authorized to work in the U.S.A. <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Educational Development (GED) Test Passed? Yes No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Languages Read, Written or Spoken Fluently Other Than English						

REFERENCES (Do not include relatives)

Name	Address, City and State	Telephone	Profession

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor

Reason For Leaving May We Contact This Employer? Yes No

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor

Reason For Leaving May We Contact This Employer? Yes No

Employer	Telephone Number () -	From (Month/Year)
Address		
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Reason For Leaving May We Contact This Employer? Yes No

Employer	Telephone Number () -	From (Month/Year)
Address		
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Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor

Reason For Leaving May We Contact This Employer? Yes No

BACKGROUND (Arrests and/or Convictions- do not include traffic violations)

Have you ever been convicted of any misdemeanors or felonies?	Yes <input type="checkbox"/>	Type	Result	Offense	Year
	No <input type="checkbox"/>	Felony <input type="checkbox"/>	Expunged <input type="checkbox"/>		
		Misdemeanor <input type="checkbox"/>	Convicted <input type="checkbox"/>		

Do you have a current driver's license? _____

What is your means of transportation to work? _____

Driver's license # _____ State of issue _____

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

Have you had nay moving violations during the past three years? _____ How many? _____

Will you work overtime if asked? _____

Are you available to travel? _____

I certify the information contained in this application is true, correct, and complete, to the best of my momory. I understand that, if employed, false statements reported on this application may be considered sufficient for dismissal.

Signature of Applicant _____

Date _____



EXPERIENCE (check all that apply)	DETAILS
MECHANIC <input type="checkbox"/> INDUSTRIAL MAINTENANCE <input type="checkbox"/> IRON WORKER <input type="checkbox"/> MACHINE SHOP <input type="checkbox"/> AUTO MECHANIC <input type="checkbox"/> PLUMBING <input type="checkbox"/> PIPE FITTING <input type="checkbox"/> PRESS OPERATION	
WELDER <input type="checkbox"/> STRUCTURAL WELDING <input type="checkbox"/> PIPE WELDING <input type="checkbox"/> IRON WORKER <input type="checkbox"/> SHOP WELDING/FABRICATION	
PIPEFITER <input type="checkbox"/> PIPE FITTING <input type="checkbox"/> PIPE WELDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> INDUSTRIAL MAINTENANCE <input type="checkbox"/> MACHINE SHOP	
PIPE WELDER <input type="checkbox"/> PIPE WELDING <input type="checkbox"/> SHOP WELDING/FABRICATION <input type="checkbox"/> STRUCTURAL WELDING <input type="checkbox"/> PIPE FITING	
PLUMBER <input type="checkbox"/> COMMERCIAL PLUMBING <input type="checkbox"/> PIPE FITTING <input type="checkbox"/> RESIDENTIAL PLUMBING <input type="checkbox"/> UNDERGROUND UTILITIES	
SHEET METAL <input type="checkbox"/> SHEET METAL FABRICATION <input type="checkbox"/> HVAC <input type="checkbox"/> RESIDENTIAL/COMMERCIAL DUCT INSTALLATION	
HVAC <input type="checkbox"/> HVAC TECHNICIAN	
CONCRETE <input type="checkbox"/> CONCRETE FINISHING <input type="checkbox"/> FORMWORK <input type="checkbox"/> RODBUSTING	
CARPENTER <input type="checkbox"/> METAL STUD FRAMING <input type="checkbox"/> RESIDENTIAL FRAMING <input type="checkbox"/> CABINetry <input type="checkbox"/> FLOORING <input type="checkbox"/> SHETROCK	
EQUIPMENT OPERATOR <input type="checkbox"/> HEAVY EQUIPMENT (i.e. backhoe, dozer, crane) <input type="checkbox"/> CDL's (Commercial Driver's License)	
ELECTRICIAN <input type="checkbox"/> COMMERCIAL ELECTRICAL <input type="checkbox"/> INDUSTRIAL ELECTRICAL <input type="checkbox"/> RESIDENTIAL ELECTRICAL	
LABORER <input type="checkbox"/> PHYSICAL LABOR PERFORMED IN THE CONSTRUCTION OR MANUFACTURING INDUSTRY	