



Employment Application

CastlewoodConstructionllc.com

Please Print

Position applied for _____ Date of application _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

How long have you lived at this address? _____ years _____ months

Telephone# (____) _____ Cell # (____) _____ E-Mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit? ___yes ___no
If **no**, please explain _____

Have you ever been employed here before? ___yes ___no If **yes**, give dates and supervisors _____

Are you legally eligible for employment in this country? ___yes ___no

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired: ___Full-Time ___Part-Time ___Temporary ___Seasonal

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ___yes ___no
If **yes**, please provide date(s) and details _____

EMPLOYMENT HISTORY Starting with your most recent employer, provide the following information:

Employer _____ Telephone # _____ Dates employed: Mo. _____ Yr. _____ to Mo. _____ Yr. _____

Street address _____ City _____ State _____ Starting Wage: _____ (hourly or salary?)

Starting job title _____ Final job title _____ Final Wage: _____ (hourly or salary?)

Immediate supervisor and title _____ May we contact for reference? ___yes ___no ___later

Why did you leave? _____

Summarize the type of work performed and job responsibilities: _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employer _____ Telephone # _____ Dates employed: Mo. ____ Yr. ____ to Mo. ____ Yr. ____
 Street address _____ City _____ State _____ Starting Wage: _____ (hourly or salary?)
 Starting job title _____ Final job title _____ Final Wage: _____ (hourly or salary?)
 Immediate supervisor and title _____ May we contact for reference? ___yes ___no ___later
 Why did you leave? _____
 Summarize the type of work performed and job responsibilities: _____
 What did you like most about your position? _____
 What were the things you liked least about the position? _____

Employer _____ Telephone # _____ Dates employed: Mo. ____ Yr. ____ to Mo. ____ Yr. ____
 Street address _____ City _____ State _____ Starting Wage: _____ (hourly or salary?)
 Starting job title _____ Final job title _____ Final Wage: _____ (hourly or salary?)
 Immediate supervisor and title _____ May we contact for reference? ___yes ___no ___later
 Why did you leave? _____
 Summarize the type of work performed and job responsibilities: _____
 What did you like most about your position? _____
 What were the things you liked least about the position? _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information:

School (include City/State)	Years Completed	Completed	GPA/Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

REFERENCES

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three schools or personal references who are **not** related to you.

Name	Title	Relationship to you	Telephone	Number of Years Known

Do you own your own tools or are you willing and able to purchase tools to complete daily assignments? Yes / No (circle one).

Fill in the following:

Tool Type:	Example of tools	Do you own your tools?	Indicate the number of years' experience you have working with these tools?	Skill level working with these tools (circle one in each category)
Framing Tools	Skill saw, sawzall, screw gun, hammer drill, etc.	YES / NO		None/Some/Proficient
Hand tools	Hammer, square, nail puller, chalk box, torpedo level, etc.	YES / NO		None/Some/Proficient
Air tools	Air Compressor, hoses, guns, etc.	YES / NO		None/Some/Proficient

LIST OF EXPERIENCE

Please complete the following:

Please check the column that closest describes your experience:

NO EXPERIENCE (Would like to learn)	SOME EXPERIENCE (Still need direction)	MUCH EXPERIENCE (Minimal direction needed)	COMMENTS
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Supervision				
Survey/stakeout/building layout				
Concrete slabs				
Concrete footings & foundations				
Concrete finishing				
Welding work				
Rough carpentry				
Layout walls				
Finish carpentry (trim work)				
Cabinet/countertop hanging				
Asphalt shingling				
Metal roofing				
Metal/vinyl soffit/fascia				
Metal/vinyl/Hardiboard siding				
Set windows and doors				
Drywall finishing				
Acoustical ceiling tile work				
Other skill? – please list				
<u>Overall:</u>				
Steel building erection				
Pole building erection				
Residential construction				
Deck construction				
Remodeling construction				

Signature of Applicant _____ **Date** ____/____/____

Office notes:

Reference checks done: Yes/ No Hired position: _____

Rate of pay _____ Date of hire: _____