



## Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital status, or any other legally protected status.

*Blue Ribbon Builders, Inc. will be run on the level, honestly and with consideration for other people.*

*We believe in what we do.*

*We manage through the process of "consensus" instead of confrontation.*

*We focus on people's growth within the framework of Blue Ribbon Builders, Inc. - workers and customers are our assets.*

*The way we compete with other companies is by making a better product.*

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone: ( ) \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you filed an application here before? Yes  No  If yes, give date: \_\_\_\_\_

Have you ever been employed here before? Yes  No  If yes, give date: \_\_\_\_\_

On what date are you available to work? \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ Truck? \_\_\_\_\_

Do you have a valid driver's license? Yes  No

Are you on layoff and subject to recall? Yes  No

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment.) Yes  No  If yes, please explain: \_\_\_\_\_

Do you presently have any back, neck, wrist, etc. injuries? Yes  No  If yes, please explain: \_\_\_\_\_

Please list name, address and telephone number of three references who are not related to you and are not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Education:**

Name and location of high school: \_\_\_\_\_

Years completed: \_\_\_\_\_

Name and location of college: \_\_\_\_\_

Years completed: \_\_\_\_\_

**Special Skills & Qualifications:**

Summarize special skills and qualifications acquired from employment or other experience:

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**Employment Experience:**

(Begin with most recent.)

1. \_\_\_\_\_

Employer	Address
Job Title	Supervisor & Phone Number
From To	Hourly Rate
Reason for Leaving	

2. \_\_\_\_\_

Employer	Address
Job Title	Supervisor & Phone Number
From To	Hourly Rate
Reason for Leaving	

3. \_\_\_\_\_

Employer	Address
Job Title	Supervisor & Phone Number
From To	Hourly Rate
Reason for Leaving	

**Applicant's Statement:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Employee Name \_\_\_\_\_

Date Completed \_\_\_\_\_

Please indicate with an "X" the items you own:

Safety Glasses	_____	Grinder	_____
Gloves	_____	Hand Planer	_____
Earplugs	_____	Surfacer	_____
Toolbelt	_____	Table Saw	_____
Tape	_____	Jointer	_____
Hammer	_____	Air Equipment	_____
Catspaw	_____	Tool Box	_____
Flat Bar	_____	Pry Bar	_____
Utility Knife	_____		
Chisel Set	_____		
Framing Square	_____		
Block Plane	_____		
Chaulk Box	_____		
Caulking Gun	_____		
Sockets	_____		
Channel Lock	_____		
Handsaws	_____		
Tapes	_____		
Bevel Square	_____		
Combination Square	_____		
Plumb Bob	_____		
4' Level	_____		
Framing Hammer	_____		
Finish Hammer	_____		
Nail Sets	_____		
50' Extension Cords	_____		
Power Drill	_____		
Skilsaw	_____		
Allen Wrenches	_____		
Open End Wrenches	_____		
100' Extension Cords	_____		
Power Miter Box	_____		
Clamp Assortment	_____		
Mason Tools	_____		
Belt Sander	_____		
3/8" Electric Drill	_____		
Cordless Drill	_____		
Orbital Sander	_____		
Router and Bits	_____		
Jigsaw	_____		
Sawzall	_____		
Biscuit Joiner	_____		

Please indicate any miscellaneous items you own that are not included in the list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Original Contact / First Impression:

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Arrange Interview? Yes  No

Remarks:

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Interviewer

Date

Employed: Yes  No

Date of Employment: \_\_\_\_\_

Rejection Letter Sent: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate / Salary: \_\_\_\_\_

Department: \_\_\_\_\_

By: \_\_\_\_\_

Name / Title

Date