



Date: _____

Application for Employment (Please Print)

Impresa Building Systems is an Equal Opportunity Employer

All applicants are considered for employment without regard to race, color, religion, nationality, ancestry, age, sex, marital status, height, weight, or handicaps unrelated to the individual's ability to perform essential job functions.

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Phone Number () _____ Email Address: _____

What position are you applying for: _____ Are you seeking full-time, part-time, or temporary work? _____

How did you hear about this opportunity? Advertisement Sign Referred by: _____ Other: _____

Expected wage or salary: _____ per _____ Are there any days or hours when you are not available for work: _____

Are you able to perform all of the essential functions of the position to which you are applying, with or without accommodations? Yes No

Do you have reliable transportation to appear for all scheduled shifts? Yes No

List friends and/or relatives working for Impresa Building Systems: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Were you referred by someone at Impresa Building Systems? Yes No If yes, who referred you? _____

Have you ever worked for Impresa Building Systems? Yes No If yes, when? _____ Where? _____

Are you legally authorized to work in the U.S. for any company? (All new hires will be required to provide documentation to comply with I-9 Requirements and E-Verify) Yes No

Military Service: Yes No If yes, branch: _____ Dates of Service: _____ to _____

Rank: _____ Type of Discharge: _____ Reserve Obligation: Yes No If yes, Explain: _____

List all skills, training, etc. that you have related to performance of the job for which you are applying: _____

Experience/Skills (Check as appropriate)

Job Experience

- _____ Plumbing
- _____ Electrical Wiring
- _____ Sheet Metal
- _____ Roofing
- _____ Dry Wall
- _____ Painting
- _____ Rough Carpentry
- _____ Finish Carpentry
- _____ Mechanical Repair

Tool/Equipment Operation

- _____ Power Tools
- _____ Arc Welding
- _____ Gas Welding
- _____ MIG Welding
- _____ Truck Driving
- _____ Lift Truck

Office Skills

- _____ Typing _____ w.p.m.
- _____ Computers
- _____ MS Word
- _____ Excel
- _____ PowerPoint
- _____ CAD Equipment

Other Relevant Skills and Abilities: _____

Education

High School

Name: _____

City/State: _____

Grade Completed: _____ Graduated? Yes No G.P.A. _____

College or Technical Schools

Name: _____

City/State: _____

Years Completed: _____ Type of Degree/Certification Received: _____

Major: _____ G.P.A. _____

Employment

Beginning with present or most recent employment. Show **COMPLETE** addresses, phone numbers, dates, etc. for all employment, including military service, when applicable.

Employed From: Month: _____ Year: _____ *through* Month: _____ Year: _____

Company Name: _____ Phone Number: () _____

Position: _____

Name of Supervisor: _____

List Main Duties Performed: _____

Reason for Leaving: _____

If presently employed, may we contact? Yes No

Employed From: Month: _____ Year: _____ *through* Month: _____ Year: _____

Company Name: _____ Phone Number: () _____

Position: _____

Name of Supervisor: _____

List Main Duties Performed: _____

Reason for Leaving: _____

If presently employed, may we contact? Yes No

Employed From: Month: _____ Year: _____ *through* Month: _____ Year: _____

Company Name: _____ Phone Number: () _____

Position: _____

Name of Supervisor: _____

List Main Duties Performed: _____

Reason for Leaving: _____

If presently employed, may we contact? Yes No

Employment (Continued from previous page)

Employed From: Month: _____ Year: _____ *through* Month: _____ Year: _____

Company Name: _____ Phone Number: () _____

Position: _____

Name of Supervisor: _____

List Main Duties Performed: _____

Reason for Leaving: _____

If presently employed, may we contact? Yes No

Employed From: Month: _____ Year: _____ *through* Month: _____ Year: _____

Company Name: _____ Phone Number: () _____

Position: _____

Name of Supervisor: _____

List Main Duties Performed: _____

Reason for Leaving: _____

If presently employed, may we contact? Yes No

Employed From: Month: _____ Year: _____ *through* Month: _____ Year: _____

Company Name: _____ Phone Number: () _____

Position: _____

Name of Supervisor: _____

List Main Duties Performed: _____

Reason for Leaving: _____

If presently employed, may we contact? Yes No

Employed From: Month: _____ Year: _____ *through* Month: _____ Year: _____

Company Name: _____ Phone Number: () _____

Position: _____

Name of Supervisor: _____

List Main Duties Performed: _____

Reason for Leaving: _____

If presently employed, may we contact? Yes No

Employed From: Month: _____ Year: _____ *through* Month: _____ Year: _____

Company Name: _____ Phone Number: () _____

Position: _____

Name of Supervisor: _____

List Main Duties Performed: _____

Reason for Leaving: _____

If presently employed, may we contact? Yes No

Personal References (not former employers or relatives)

<u>Name</u>	<u>Occupation</u>	<u>Telephone</u>	<u>Email Address</u>

I affirm that the foregoing statements are true, that all information is correct and complete. I understand that if employed, any inaccurate statements whether or not intentionally made on this application shall be sufficient cause for dismissal. I affirm that the Company has notified me that an investigation report concerning the information contained herein and concerning character, credit and general reputation may be sought and that I may request in writing a disclosure of the natural scope of the report. I grant permission to the Company to conduct such investigation as they may desire of the information I have given on this application and authorize any person or organization contacted to furnish any information that the Company may request. I understand and agree that if, in the opinion of the Company, the results of the investigation are unsatisfactory, that an offer for employment that has been made may be withdrawn or my employment with the Company may be terminated. I hereby release Impresa Building Systems and any prior employer from any obligation to provide me with written notification of such disclosures. I understand that this may include a record of disciplinary action assessed by Impresa Building Systems or previous employers.

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by Impresa Building Systems, such employment will not result in a contract for employment and that Impresa Building Systems may terminate my services at any time for any reason with or without cause. I further recognize if I am employed by Impresa Building Systems, that I will receive a wage and benefits, and be subject to rules and regulations as set for in Handbooks, Policy Statements, and Plan Descriptions but I agree that such wage, benefits, rules, and regulations are subject to change by Impresa Building Systems at any time with or without notice to me. I further recognize that nothing contained in any documents published by Impresa Building Systems shall in any way modify the above terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by Impresa Building Systems except by a written document signed by the President.

I recognize that in the event I am offered employment by Impresa Building Systems that it will be necessary for me to undergo a physical examination. I hereby consent to such physical examination including the taking of a urine sample. I understand that in the event that I am hired by Impresa Building Systems that I may be required to operate machinery or power tools either at ground level or while elevated on scaffolds or ladders or I may be exposed to such equipment or working conditions thereby necessitating that I conduct myself in accordance with established safety guidelines and common sense. If there exists, in the opinion of Impresa Building Systems, a reasonable suspicion that I am in a condition unfit to operate such equipment or to be exposed to such equipment or working conditions because of the presence of marijuana, cocaine, or other illegal drugs, narcotics, amphetamines, barbiturates, hallucinogens, or alcohol in my body, I hereby consent to an immediate physical examination including the taking of blood and/or urine samples to ascertain and verify my condition. I understand that if I refuse to take the examinations or test described above, I will be deemed to have admitted being in the prohibited condition, and further consent to and authorize the release of the results of such examination to authorized personnel of Impresa Building Systems.

I have read and understand the above statement and conditions of employment and promise to be bound by all rules, regulations, policies, and procedures of the Company in force at the time of my employment or that may be later adopted.

Signature of Applicant Date: _____

Applicants – Do Not Write Below

Division Name: _____ Division Number: _____

Was this applicant interviewed? Yes No If yes, date of interview: _____

Position(s) Considered for: _____

Name of interviewer: _____ Date: _____