

Application for Employment **PRE-EMPLOYMENT QUESTIONNAIRE** **EQUAL OPPORTUNITY EMPLOYER**

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____

SIGNATURE _____

Do Not Write Below This Line

DATE _____

INTERVIEWED BY _____

Remarks

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT
			SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER _____

DEPARTMENT HEAD _____

GENERAL MANAGER _____

SOLTEK PACIFIC - CRAFT EXPERIENCE

PRINT NAME _____

DATE _____

WHICH JOB OPENING ARE YOU APPLYING FOR:

- LABORER JOURNEYMAN CARPENTER CEMENT MASON
 LABOR HELPER CARPENTER APPRENTICE

Please check (✓) the box that best indicates your skills or experience:

	SKILLED	SEMI-SKILLED	NO EXPERIENCE
FORMSETTING			
FOOTINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SITE WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLATWORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOFTS - GANG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOFTS - LOOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL PANELS - GANG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALL PANELS - LOOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAYOUT - LINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAYOUT - GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLUMN FORMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCAFFOLDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIALTIES - STAIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIALTIES - ODD SHAPES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE PLACEMENT			
FUNDAMENTALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIBRATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE FINISHING			
HAND TROWEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TROWEL MACHINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PATCH & GROUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL FINISHES			
EXPOSED AGGREGATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANDBLAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARPENTRY - FRAMING			
PRINTS, DRAWINGS & LAYOUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARPENTRY - FINISHING			
DOORS/FRAMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOLDING/TRIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRAMING			
PRINTS, DRAWINGS & LAYOUT - WOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCAFFOLDING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROUGH CARPENTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROUGH HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	SKILLED	SEMI-SKILLED	NO EXPERIENCE
REBAR			
LAYOUT (Small & Simple)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIE REBAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RIGGING			
SIGNALING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT (Slings, Chokers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNIQUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAYOUT PRINTS & DRAWINGS			
INSTRUMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRINTS & DRAWINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNDAMENTALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTROL/LINEPOINT GRADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT OPERATION			
BACKHOE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASIC EQUIPMENT:			
FORKLIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIP LOADER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRENCHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER WAGONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPACTING EQUIPMENT			
TYPE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRENCHING & DITCHING MACHINES			
TYPE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER TYPES OF HEAVY EQUIPMENT			
TYPE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOLINE EQUIPMENT REPAIR:			
TYPE: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. DO YOU HAVE YOUR OWN CRAFT TOOLS, CLOTHING & OTHER EQUIPMENT? YES NO
2. WOULD YOU ACCEPT EMPLOYMENT OUT OF TOWN? YES NO
3. ARE YOU LICENSED TO OPERATE A MOTOR VEHICLE? YES NO
4. HAVE YOU HAD AN ACCIDENT OR A MOVING VIOLATION IN THE PAST 3 YEARS? YES NO

If yes, please explain: _____

5. DO YOU HAVE A CURRENT CRAFT LICENSE OR CERTIFICATION IF ONE IS REQUIRED FOR YOUR CRAFT? YES NO
If yes, provide state and date of issue, number and expiration date: _____

FOR OFFICE USE ONLY					
SKILL CATEGORY:		CONCRETE FORMSETTER		LABORER	
CARPENTRY	CEMENT FIN	EQUIP-HEAVY	EQUIP-LIGHT		
LEVEL:	EXPERIENCE:	TYPE OF CONSTRUCTION		COMMENTS:	
SUPERVISOR	0-1 YEAR	EXPERIENCE:			
CARPENTER	1-2 YEARS	COMMERCIAL			
CARP. APPRENTICE	3-5 YEARS	RESIDENTIAL			
LABORER	6-10 YEARS	OTHER			
LABOR HELPER	11+ YEARS				



Equal Employment Opportunity Data

Application Date _____

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are collecting this information for equal opportunity employment purposes.

Name: _____

Sex: Male Female

Race/Ethnicity:

- American Indian or Alaskan Native
- Asian
- Black or African-American
- Hispanic or Latino
- White
- Native Hawaiian or other Pacific Islander
- Two or more races

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Individual with a Disability

To be completed by employer:

EEO-1 Category:

- 1a. Executive/Senior Level Officials and Managers
- 1b. First/Mid Senior Level Officials and Managers
- 2. Professionals
- 3. Technicians
- 4. Sales
- 5. Administrative Support Workers
- 6. Craft Workers
- 7. Operatives- semi skilled
- 8. Laborers and Helpers
- 9. Service Workers

Employer information completed by:

Name

Date