Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE INFORMATION**

 Last First Middle

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If necessary for the job, I am able to

 Work overtime?  Yes  No

Provide a valid Minnesota Driver’s License?  Yes  No

 If so, fill out the following: Issuing State: \_\_\_\_\_\_\_\_\_\_\_\_

 Num#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications:  OSHA 10  OSHA 30

 Lift Certification  Swing stage

  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe caulking experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you physically able to perform daily tasks? (ie: lift ladders, climb, stretch)

  Yes  No (explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I have a vehicle with a secure topper/cab also able to carry multiple extension ladders

  Yes  No

I am legally eligible for employment in the U.S.?

  Yes  No

I am seeking a permanent position.

  Yes  No

Date able to start work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to the job are listed below in the summary following this section or on an extra sheet of paper if necessary.

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name and address: | Position title/duties, skills. | Start date: | End date: |
|   | Reason for leaving: |
|   |
|   |
| Pay: | $ |
| Employer name and address: | Position title/duties, skills. | Start date: | End date: |
|   | Reason for leaving: |
|  |
|   |
|   |
| Pay: | $ |