



# Application for Employment

Bennett Building, Inc. is an Equal Opportunity Employer & is committed to excellence through diversity. When filling out this application please be sure to print and complete both sides.

PERSONAL INFORMATION		
Name		
Address	City, State	Zip Code
Phone Number	Alternate Phone Number	Email Address
Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> No	Have you ever been convicted of a Felony? (This does not automatically disqualify you from working here) <input type="checkbox"/> YES <input type="checkbox"/> No	
If offered a job are you willing to submit to a drug test? <input type="checkbox"/> YES <input type="checkbox"/> NO	If offered a job can you provide proof of eligibility to work in the U. S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION INFORMATION		
Position Applying For	Date Available to Start	Desired Pay Rate
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you available for shift work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you available for travel? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you available to work weekends, holidays and overtime as needed? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SKILLS - CERTIFICATIONS - TRAINING
Welding: Mig _____ Tig _____ Stick _____ Overhead/Vertical _____ X-ray _____ Underwater _____
Welding Certifications: _____
Millwright: Hydraulics _____ Motors _____ Bucket Elevators _____ Conveyors _____ Electrical _____
Construction: Reading blueprints/plans _____ Commerical _____ Residential _____
Carpentry: Finish _____ Rough _____ Concrete: Forming/Foundations _____ Pouring Walls _____
Heavy Equipment: Skid Steer _____ Excavator _____ Backhoe _____ Bulldozer _____
Man-lift _____ Aerial Lift _____ Crane _____ Forklift _____
OSHA _____ MSHA _____ CPR/AED _____ First Aid _____

Education		
High School	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade School	Field of Study	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
College/University	Field of Study	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Work Experience** (if you need more room please use another sheet of paper)

Company Name	Job Title	Supervisor
Work Phone	Employment Dates _____ TO _____	Rate of Pay Starting _____ Ending _____
Reason for Leaving		
Company Name	Job Title	Supervisor
Work Phone	Employment Dates _____ TO _____	Rate of Pay Starting _____ Ending _____
Reason for Leaving		
Company Name	Job Title	Supervisor
Work Phone	Employment Dates _____ TO _____	Rate of Pay Starting _____ Ending _____
Reason for Leaving		
Company Name	Job Title	Supervisor
Work Phone	Employment Dates _____ TO _____	Rate of Pay Starting _____ Ending _____
Reason for Leaving		

**REFERENCES** (Please provide at least 3 references that are not related to you)

Name / Relationship	Phone Number	Email Address
Name / Relationship	Phone Number	Email Address
Name / Relationship	Phone Number	Email Address

**Signature Disclaimer**

I certify that my information is true and complete to the best of my knowledge. I understand that if I am offered a job that any false or misleading information on this application or in the interview process could lead to disciplinary action up to and including termination.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_