



AN EQUAL OPPORTUNITY EMPLOYER

**State & Federal Law Prohibits
Discrimination Based On Age
Sex or National Origin**

NAME(LAST, FIRST MIDDLE I)			SOCIAL SECURITY NUMBER			DATE OF BIRTH			<u>Office Use Only</u> I-9 <input type="checkbox"/> W-4 <input type="checkbox"/> Copy of I.D.'s <input type="checkbox"/> Safety Rules <input type="checkbox"/> M-4 <input type="checkbox"/> Drug & Alcohol <input type="checkbox"/> Employee Handbook <input type="checkbox"/> Background <input type="checkbox"/> Confidentiality <input type="checkbox"/> Benefits <input type="checkbox"/> Client Benefits Waiver <input type="checkbox"/>											
STREET ADDRESS			CITY			STATE						ZIP								
HOME PHONE		MOBILE PHONE		EMAIL ADDRESS		RIGHT TO WORK IN US <input type="checkbox"/> YES <input type="checkbox"/> NO		ALIEN REG #				ALIEN REG EXP DATE								
IN CASE OF EMERGENCY, NOTIFY-NAME			ADDRESS			TELEPHONE			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced											
WHAT POSITION ARE YOU APPLYING FOR?			DATE AVAILABLE			MIN RATE PER HR			HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO											
HOW DID YOU HEAR OF US?		Have you ever worked for Summit Skilled Trades before? _____ If so when?			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Vet Status (optional): <input type="checkbox"/> YES <input type="checkbox"/> NO		Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other/Opt Out											
WHICH DAYS ARE YOU AVAILABLE TO WORK FULL TIME <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN			CITIES AVAILABLE TO WORK IN			<input type="checkbox"/> 1ST SHIFT <input type="checkbox"/> 2ND SHIFT <input type="checkbox"/> 3RD SHIFT		AVAILABLE TO FROM ____AM TO ____PM ____AM TO ____PM		<input type="checkbox"/> AVAILABLE LONG TERM ASSIGNMENT <input type="checkbox"/> WILL ACCEPT SAME DAY ASSIGNMENT <input type="checkbox"/> TRANSPORTION AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO										
WORK SKILL - Check your skills and kind of work you have done																				
<input type="checkbox"/> ADMINISTRATIVE ASSISTANT <input type="checkbox"/> ELECTRICAL HELPER <input type="checkbox"/> ELECTRICAL JOURNEYMAN <input type="checkbox"/> LOW VOLTAGE ELECTRICIAN <input type="checkbox"/> MACHINE APP <input type="checkbox"/> MACHINE MOLD MAKER <input type="checkbox"/> MACHINIST LABORER <input type="checkbox"/> MACHINE TOOL AND DIE MAKER <input type="checkbox"/> MAINTENANCE WORK <input type="checkbox"/> HVAC			<input type="checkbox"/> ELECTRICIAN <input type="checkbox"/> ELECTRICAL APPRENTICE <input type="checkbox"/> ELECTRICAL MASTER <input type="checkbox"/> ELECTRICAL LABORER <input type="checkbox"/> MACHINIST <input type="checkbox"/> MACHINE OPERATOR <input type="checkbox"/> MACHINE OILER <input type="checkbox"/> MACHINE TOOL AND DIE <input type="checkbox"/> MANUFACTURING LABORER <input type="checkbox"/> HVAC APPRENTICE			<input type="checkbox"/> HVAC HELPER <input type="checkbox"/> HVAC LABORER <input type="checkbox"/> EQUIPMENT OILER <input type="checkbox"/> EQUIPMENT OPERAT <input type="checkbox"/> PLUMBER <input type="checkbox"/> PLUMBER HELPER <input type="checkbox"/> PLUMBER LABORER <input type="checkbox"/> PIPEFITTER <input type="checkbox"/> PIPEFITTER HELPE <input type="checkbox"/> PIPEFITTER LABOR			<input type="checkbox"/> HVAC JOURNEYMAN <input type="checkbox"/> HVAC SERVICE TECH <input type="checkbox"/> EQUIPMENT OPERATOR APPRENTICE <input type="checkbox"/> GENERAL LABORER <input type="checkbox"/> PLUMBER APPRENTICE <input type="checkbox"/> PLUMBER JOURNEYMAN <input type="checkbox"/> PLUMBER MASTER <input type="checkbox"/> PIPEFITTER APPRENTICE <input type="checkbox"/> PIPEFITTER JOURNEYMAN <input type="checkbox"/> PIPEFITTER MASTER			<input type="checkbox"/> SHEET METAL <input type="checkbox"/> SHEET METAL APPRENTICE <input type="checkbox"/> SHEET METAL HELPER <input type="checkbox"/> SHEET METAL JOURNEYMAN <input type="checkbox"/> SHEET METAL MASTER <input type="checkbox"/> WELDER <input type="checkbox"/> WELDER FLAT <input type="checkbox"/> WELDER LABORER <input type="checkbox"/> WELDER PIPE			EQUIPMENT <input type="checkbox"/> Hard Hat <input type="checkbox"/> Tools <input type="checkbox"/> Glasses <input type="checkbox"/> Steel Toe Work Boots <input type="checkbox"/> Other (Please List): _____ _____ _____ _____			Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO LICENSE NUMBER: <input type="checkbox"/> CDL <input type="checkbox"/> Class A <input type="checkbox"/> Class B		
Previous Employment		Name of Employer		Phone or Address		Supervisors		Pay Rate	Position	Reason for Leaving										
From _____ To _____																				
From _____ To _____																				
From _____ To _____																				
Education	Name of School	Degree	Graduated?	List all Licenses and Certifications					Expiration Date											

I hereby authorize you and all former employers, and others given by me as a reference, to answer all questions and to give all information in connection with this application or in any way concerning me. I agree, if employed by you, that if ever I make claims against you for personal injuries, upon your request I shall submit to drug screens and examinations by physicians of your selection. Your employment of me may be terminated by you at any time without any liability to me except for wages and salary as have been earned by me at the date of such termination. I understand that it is my responsibility to notify you of my availability on a weekly basis at a minimum, and if I do not, I will considered unavailable for work.

Signature: _____ **Date:** _____