



APPLICATION FOR EMPLOYMENT - APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-5 DATE
Name
Last First Middle
Present address
Number Street City State Zip
Social Security No.
Telephone ()
Email address
Date of Birth
Position applied for (1)
Salary desired (2) (Be specific)
Days/hours available to work
No Pref Thur
Mon Fri
Tue Sat
Wed Sun
How many hours can you work weekly?
Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME
How soon are you available for work?

DO YOU HAVE A DRIVER'S LICENSE? Yes No
Do you have reliable transportation to work?
Driver's license number State of issue Operator Commercial (CDL)
Chauffeur
Expiration date
Have you had any accidents during the past three years? How many?
Have you had any moving violations during the past three years? How Many?

How did you hear of us (if person, give name)?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your last job title		
Reason for leaving (please be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Last Job Title		
Reason for leaving (please be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Last Job Title	
Reason for leaving (please be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Please list two references other than relatives or previous employers.

Name	Name
_____	_____
Your relationship	Your relationship
_____	_____
Organization	Organization
_____	_____
Address	Address
_____	_____
Telephone (____)	Telephone (____)
_____	_____
Professional background and personal Character.	

Why are you interested in this position with us? What makes the position or company a place you want to be/fill?

Describe why you are the right person for the job.

What skills and experience do you have that pertain to this position?

Identify the greatest challenge you would need to overcome for this position.

Are there areas in your professional life that could use improvement?

What skills or areas do you excel in and enjoy doing?

Do you handle personal conflict well, and if so how?

When a problem arises between you and another person, how do you go about resolving it?

Are you a team player? Can you sacrifice personal preferences for the good of the team?

Do you work well under others? Describe traits that make it easy for those who are your superior to work with you.

If given the choice, would you rather be in charge or work under another person?

Are you physically able to perform the tasks that are needed for this position?

Do you have any current medical conditions?

Have you had/do you have chronic back problems that would hinder you from performing manual labor?

Rate how hard you push your body when you work on a scale of 1-10, with 1 being not at all and 10 being maxed out.

Are you willing to make personal sacrifices at times when the job requires it? (I.e. missing an evening appointment or a day off...)

Can you commit to being under authority and supporting your supervisor 100% even when you may have a better way of executing a certain action or prefer performing a different task than what is asked of you?

Are you able to find other means of employment during the winter when we are unable to install fencing?

Are you able to drive a vehicle with a manual transmission and what is the largest truck you have driven previously?

Can you safely operate a vehicle with a trailer and do you have experience with backing trailers?

Are you able to and do you enjoy leading people?

Do you perform well under pressure and if so how do you handle it?

Are you good at and do you enjoy communicating with people?

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by The Fence Experts (hereinafter called “the Company”), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that may provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Thank you for completing this application form and for your interest in our business.

Please read handbook for company direction and specific requirements necessary for each position.