

# INDUSTRIAL APPLICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI. \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_  
PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

Transportation available:  Car  Bus  Bike  Ride Divers License:  Yes  No If yes DL#: \_\_\_\_\_ State: \_\_\_\_\_

Days available to work:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Date you can start: \_\_\_\_\_ Shifts available to work:  Days  Swing  Graveyard Hours available: \_\_\_\_\_

Jobs you are seeking: 1. \_\_\_\_\_ Experienced Y / N 2. \_\_\_\_\_ Experienced Y / N

Have you ever worked for Emerald Employment?  YES  NO Date(s): \_\_\_\_\_

If yes, reason for leaving? \_\_\_\_\_

Have you worked for a temporary service before?  YES  No

If yes, what services? 1. \_\_\_\_\_ Dates: \_\_\_\_\_  
2. \_\_\_\_\_ Dates: \_\_\_\_\_

To which companies did the service(s) send you? 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Have you been convicted of a felony in the last five years?  YES  NO

If yes, what was the conviction for? \_\_\_\_\_

## EMPLOYMENT HISTORY

1.  
Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact them? Y / N  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Your job title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

2.  
Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact them? Y / N  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Your job title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

3.  
Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact them? Y / N  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Your job title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## EDUCATION

**Name of High School:** \_\_\_\_\_ **State of School:** \_\_\_\_\_ **Did You Graduate?** Y / N  
**Year You Graduated:** \_\_\_\_\_

**Name of College / University:** \_\_\_\_\_ **State of School:** \_\_\_\_\_ **Did You Graduate?** Y / N  
**Major Studies:** \_\_\_\_\_ **Year You Graduated:** \_\_\_\_\_

## AREAS OF EXPERIENCE

**Check Qualifications ONLY if you have experience doing the described task and are seeking work related to the task.**

CONSTRUCTION	GEN. LABOR	WELDING/FAB	SAW MILL	PLYWOOD	HEAVY EQUIP.
<input type="checkbox"/> Carpentry <input type="checkbox"/> Roofing <input type="checkbox"/> Drywall <input type="checkbox"/> Concrete <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Painting <input type="checkbox"/> Blueprints <input type="checkbox"/> Other: _____	<input type="checkbox"/> Janitorial <input type="checkbox"/> Landscaping <input type="checkbox"/> Shipping <input type="checkbox"/> Receiving <input type="checkbox"/> Packaging <input type="checkbox"/> Electrician <input type="checkbox"/> Food handling <input type="checkbox"/> Other: _____	<input type="checkbox"/> ARC welding <input type="checkbox"/> Blueprints <input type="checkbox"/> Cutter/Grinder <input type="checkbox"/> MIG welding <input type="checkbox"/> TIG welding <input type="checkbox"/> Mould maker <input type="checkbox"/> Sheet metal <input type="checkbox"/> Tool maker <input type="checkbox"/> Other: _____	<input type="checkbox"/> Green chain <input type="checkbox"/> Planer chain <input type="checkbox"/> Off-bearer <input type="checkbox"/> Certified grader <input type="checkbox"/> Millwright <input type="checkbox"/> Equip Operator <input type="checkbox"/> Other: _____	<input type="checkbox"/> Green chain <input type="checkbox"/> Dryer feeder <input type="checkbox"/> Raiman Operator <input type="checkbox"/> Putty line <input type="checkbox"/> Certified Grader <input type="checkbox"/> Lay-up <input type="checkbox"/> Spreader <input type="checkbox"/> Other: _____	<input type="checkbox"/> Grading Equip <input type="checkbox"/> Backhoe <input type="checkbox"/> CAT <input type="checkbox"/> Tractor <input type="checkbox"/> Skidder <input type="checkbox"/> Yarder <input type="checkbox"/> Log loader <input type="checkbox"/> Small forklift <input type="checkbox"/> Heavy forklift <input type="checkbox"/> CDL License <input type="checkbox"/> Class _____ <input type="checkbox"/> Other: _____

## PRE-EMPLOYMENT QUESTIONS

- 1) In what field do you hold your most experience? How many years have you done that type of work?
- 2) What equipment/machinery have you worked? (Example: Drills, Forklift, Saws, Pneumatic tools, etc.)
- 3) Do you feel that you are a reliable and dependable employee? Why?
- 4) What work supplies do you own? (Examples: Boots, Gloves, Safety Glasses, Apron, Tool Belts, etc.)
- 5) If your transportation is a vehicle, is it dependable?
- 6) If you have been convicted of a felony, what type of parole/probation stipulations do you have? (ex. Can't work out of town, have to check-in during work).

## IT IS IMPORTANT THAT YOU READ AND SIGN THIS SECTION

I agree that the information on this application is correct and complete to the best of my knowledge and I understand that it shall be grounds for termination if any of the information contained herein found to be untrue. I authorize you and all former employers, given by me as references, to answer questions and to give all information in connection with this application or in any way concerning me and understand that if accepted for employment, I will be working for you on your payroll, at your client's premises. I agree that I will obtain your permission before discussing permanent employment with your client. I agree to immediately notify you at the conclusion of each assignment, or as soon as I become available. If I fail to give such notice, you may assume that I am not available for reassignment, and also not ready, willing and able to work. I understand that any information I learn while working for your client is to be kept confidential. I agree to take a drug and alcohol test if I have a workers' compensation injury while I am your employee. I agree, if employed by you, that if I ever make claims against you for personal injuries, upon request I shall submit to examinations by physicians of your selection. I will hold you harmless from any claims including, but not limited to, personal illness or injury as a result of providing false or misleading information on the application, or any succeeding paperwork. I herein acknowledge that my employment is "AT WILL" that may resign at anytime and the company may terminate my employment at anytime, with or without cause.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

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