

Industrial Construction Services, Inc.

APPLICATION FOR EMPLOYMENT

Industrial Construction Services, Inc. is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

PERSONAL INFORMATION

Last Name	First	Middle Initial	Today's Date
Address			SS#
Home Telephone ()	Work Telephone ()	Email	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever interviewed with this company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s), location(s), and position(s) applied for:			
Have you ever been employed by this company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s), location(s), and position(s):			
Do you have any relatives employed by this company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name(s), location(s), and position(s):			

EMPLOYMENT DESIRED

Position Applied for:	Desired Pay:					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:					
How did you find out about this position?						
Would you like to work: (check all that apply)	<input type="checkbox"/> Full-time only <input type="checkbox"/> Summer <input type="checkbox"/> Part-time only <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time or Part-time					
What times are you available to work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

Level	Name and Address	Date Graduated/ Level Completed	Major Studies	Degree/Diploma License/Certificate
High School				
College				
Graduate School				
Vocational, Business, Other				

MILITARY

Branch	Dates of Service	Final Rank	Assignment

Are you now a member of the National Guard? Yes No

SKILLS (not all may be necessary for the job you seek)

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your WPM?		
Foreign Languages:		
Computer Skills (Hardware/Software):		
Other Skills, Knowledge, Areas of Expertise:		
Driver's License #:	State:	Type:

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent.

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

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Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

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Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

REFERENCES

Please provide three references (not relatives or previous employers).

Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:

