



# REMODELING SERVICES UNLIMITED EMPLOYMENT APPLICATION

Position Applied For:			Date:
Name (Print) Last		First	Middle
Address Street and Number		City	State Zip Code
Telephone No.	Cellular No.	Social Security No.	
Have you ever worked for this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give dates and position:			
State & Driver's License #	Do you have reliable transportation?	What starting wage would you consider fair?	
NOTE: Answering Yes to the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged.)			
Have you ever pled guilty or no contest to, or been convicted of, a misdemeanor or felony, or DUI? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give the date(s) and details:			
Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give the date(s) and details:			

## Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

<b>Present or Last Employer</b> Address	<b>Employed</b> From (mo/yr)	<b>Pay</b> Start \$	<b>Title or Position</b>	<b>Reason for Leaving</b>
City, State, Zip	To (mo/yr)	Final \$	<b>Name of Supervisor</b>	
<b>Present or Last Employer</b> Address	<b>Employed</b> From (mo/yr)	<b>Pay</b> Start \$	<b>Title or Position</b>	<b>Reason for Leaving</b>
City, State, Zip	To (mo/yr)	Final \$	<b>Name of Supervisor</b>	
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City, State, Zip	To (mo/yr)	Final \$	<b>Name of Supervisor</b>	

Have you ever been terminated or asked to resign from any job?  Yes  No If Yes, please explain circumstances:

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Please explain fully any gaps in your employment history:

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May we contact your current employer?  Yes  No If No, please explain:

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Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

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Have you ever used another name?  Yes  No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If Yes, please explain:

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Approximately how many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of Days	Year	Number of Days	Year	Number of Days

**Education**

School Name	Years Completed	Diploma/Degree	Describe Course of Study or Major	Describe specialized training, experience or skills
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Military Service:				

**Personal References**

Please list persons who know you well--**not** previous employers or relatives

Name	Occupation	Address (Street, City & State)	Phone #	Number of Years Known

**Health**

Note: Answering Yes to the following question does not constitute an automatic bar to employment.

**Do you have any health conditions or previous injuries that would keep you from satisfactorily performing the essential job duties required of the position for which you are applying?**

Yes  No If Yes, please explain \_\_\_\_\_

Additional comments/information not asked that you feel is important: \_\_\_\_\_

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I confirm that the above is true and if proven false, it may be considered grounds for termination. By signing below, I authorize investigation and verification of all references given to include driving records, police records, and verification of employment.

\_\_\_\_\_ Signature \_\_\_\_\_ Date