

EMPLOYMENT APPLICATION



PALM BEACH TRIM

1107 BARNETT DR., LAKE WORTH, FL 33461
561.588.8746
FAX: 561.588.5855

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NO.: _____ PHONE: _____

FAX: _____

E-MAIL: _____ CELL PHONE: _____

1. Type of employment desired: _____ Full-Time _____ Part-Time
2. Position applied for: _____
3. Date you will be available to start work: _____
4. What is your desired salary range? _____
5. How did you hear about Palm Beach Trim? _____
6. Do you have any objection to working overtime if necessary? _____ Yes _____ No
7. Have you ever been employed with us before? _____ Yes _____ No
8. Can you submit proof of legal employment authorization & identity? _____ Yes _____ No
9. Are you currently employed? _____ Yes _____ No
10. May we contact your present employer? _____ Yes _____ No
11. Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No
12. Do you have reliable transportation of your own? _____ Yes _____ No

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Dates Employed: From: _____ To: _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Dates Employed: From: _____ To: _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Dates Employed: From: _____ To: _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Dates Employed: From: _____ To: _____

Job Summary: _____

Reason for Leaving: _____

Experience and Skills

Check all which apply to your prior experience (even if they do not pertain to the job you are applying for now)

Field Carpentry:

Rough Trim Fascia Layout Crown Molding Finish Carpentry Doors
 Structural Framing Finishing Laborer Other: _____

Plant Carpentry:

Fork Lift Driver Truck Driver Crane Operator Other: _____

Have you run a job as a foreman? Yes No

Physical Status:

1. Are you presently or have you during the last six months been under a physician's care or in a hospital?
 Yes No
2. Do you have any disabilities that could prevent you from performing the job you are applying for?
 Yes No
3. Have you ever been compensated for, or do you currently have outstanding, a job related injury or claim?
 Yes No

If yes to any of the above, explain: _____

TOOL LIST

Please check off all tools that you presently have.

<input type="checkbox"/> Miter Box	<input type="checkbox"/> Hand Saw	<input type="checkbox"/> Hack Saw	<input type="checkbox"/> Skill Saw
<input type="checkbox"/> Sawzall	<input type="checkbox"/> Dove Tail Saw	<input type="checkbox"/> Back Cutting Saw	<input type="checkbox"/> Jig Saw
<input type="checkbox"/> Cordless Drill	<input type="checkbox"/> Electric Drill	<input type="checkbox"/> Hammer Drill	<input type="checkbox"/> Drill Accessories
<input type="checkbox"/> Electric Planer	<input type="checkbox"/> Door Planer	<input type="checkbox"/> Hand Planer	<input type="checkbox"/> Belt Sander
<input type="checkbox"/> Palm Sander	<input type="checkbox"/> Orbital Sander	<input type="checkbox"/> 2' Level	<input type="checkbox"/> 4' Level
<input type="checkbox"/> 6' Level	<input type="checkbox"/> 8' Level	<input type="checkbox"/> 4' Step Ladder	<input type="checkbox"/> 6' Step Ladder
<input type="checkbox"/> Extension Ladder	<input type="checkbox"/> Compressor	<input type="checkbox"/> Generator	<input type="checkbox"/> Finish Nail Gun
<input type="checkbox"/> Rough Nail Gun	<input type="checkbox"/> Pin Nailer	<input type="checkbox"/> Air Hoses	<input type="checkbox"/> Trim Router
<input type="checkbox"/> Router	<input type="checkbox"/> Plunge Router	<input type="checkbox"/> Sharp Chisels	<input type="checkbox"/> Table Saw
<input type="checkbox"/> Saw Horse			

STATEMENT AND SIGNATURE

In completing and submitting this application, I understand and agree that any misstatement of material facts will be sufficient reason for immediate withdrawal of this application or, in the event of employment, be deemed cause for dismissal; that my previous employers may be asked for information concerning my employment, character, ability, and experience; that no question on this application has been answered in such a manner as to disclose my race, color, religion, or national origin.

Signature: _____

Date: _____