

Employment Application

Unique Flooring

		Application Information							
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Applying for what position: _____

Full Name: _____

Date: _____

Address: _____

Apartment/Unit # _____

City: _____ State: _____

Zip Code: _____

Home: () _____ Cell: _____

email: _____

Emergency Contact Person: _____

Phone: _____

Social Security: _____

Drivers Lic: _____

Date of Birth: _____

Are you a citizen of the United States: Yes/No

If no, are you authorized to work in the U.S. Yes/No

Have you ever been convicted of a felony: Yes/No

If yes, explain: _____

		Misc. Questions							
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Vehicle Information: Make: _____

Model: _____

Year: _____

Auto Insurance: _____

Please provide a copy of insurances.

Do you have Contractors License, if so please provide number: _____

Do you have General Liability Insurance, if so please provide number: _____

Do you have Workers Comp Insurance, if so please number: _____

Do you have Bond Insurance, if so please provide number: _____

			Previous Employment						
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Option 1: Company
 Name: _____ Phone #: _____
 Responsibilities: _____
 Reason for Leaving: _____
 Wages: _____

Option 2: Company
 Name: _____ Phone #: _____
 Responsibilities: _____
 Reason for Leaving: _____
 Wages: _____

Option 3: Company
 Name: _____ Phone #: _____
 Responsibilities: _____
 Reason for Leaving: _____
 Wages: _____

Trade Experience: _____

 Trade Specialties: _____

			Disclaimer and Signature						
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I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____