

PIPER CONSTRUCTION

1885 NE 149TH STREET, SUITE B; NORTH MIAMI, FL 33181; PHONE: (305) 940-2030; FAX: (305) 940-0050

APPLICATION FOR EMPLOYMENT - FIELD TECHNICIAN

PERSONAL INFORMATION

DATE:

NAME (LAST / FIRST)	SOCIAL SECURITY NO.	DATE OF BIRTH (MONTH/DAY/YEAR)	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		

Do you have a valid driver's? _____ Yes _____ No Do you have a vehicle? _____ Yes _____ No

Current trade or occupation _____

EDUCATION HISTORY

<u>NAME & LOCATION OF SCHOOL</u>	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

Position Desired _____ Alternate _____

Salary Expected _____ Earliest starting date _____

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

EXPERIENCE

Skills	Skill Level			Do You Own Tools	
	Weak	Average	Strong	Yes	No
Cement finishing					
Rough carpentry					
Finish carpentry					
Frame carpentry					
Plaster					
Stucco					
Block					
Drywall finishing					
Drywall installation					
Metal framing					
General laborer					
Electrical					
Plumbing					
Drafting					
Estimating					
Field Supervision					

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE: MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

1. NAME	HOME ADDRESS	
BUSINESS NAME & ADDRESS	YEARS KNOWN	PHONE
2. NAME	HOME ADDRESS	
BUSINESS NAME & ADDRESS	YEARS KNOWN	PHONE
3. NAME	HOME ADDRESS	
BUSINESS NAME & ADDRESS	YEARS KNOWN	PHONE

AUTHORIZATION

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any change that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

_____ DO NOT WRITE BELOW THIS LINE _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER