



Please provide education information to be considered now or in the future for a supervisory or office position:

Education	Name and Location of School	Years	Graduate?	Major Areas of Study
High School			Yes / No	
College			Yes / No	
Trade			Yes / No	

**WORK HISTORY** -- List employers during last five years in sequential order, with present or last employer first.

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Starting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Starting Wage: \$ \_\_\_\_\_ per hour Ending Wage: \$ \_\_\_\_\_ per hour

Describe the work you did: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Starting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Starting Wage: \$ \_\_\_\_\_ per hour Ending Wage: \$ \_\_\_\_\_ per hour

Describe the work you did: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Starting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Starting Wage: \$ \_\_\_\_\_ per hour Ending Wage: \$ \_\_\_\_\_ per hour

Describe the work you did: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact the employers listed above?  Yes  No If no, please explain. \_\_\_\_\_

Have you ever been discharged by an employer?  Yes  No If yes, please explain. \_\_\_\_\_

Have you signed any agreements or forms with your previous employer(s) that limits your ability to compete, solicit customers, or use business information?  Yes  No If yes, please provide copy and explain.

List all Periods of Unemployment

From: \_\_\_\_\_ To: \_\_\_\_\_ How did you spend this time? \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ How did you spend this time? \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ How did you spend this time? \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

INDIVIDUAL'S NAME	PHONE	OCCUPATION	YEARS ACQUAINTED
1.			
2.			
3.			

Solid - Employees LLC may require that each employee possess a specified minimum set of tools as a condition of employment. Each individual employee is responsible for having access to these tools each day, and the employee is responsible for transporting his/her own tools to each jobsite. Are you willing to purchase such tools, if you do not already have them, and do you have access to a vehicle sufficient to transport tools to and between job sites on a daily basis?  
 Yes  No If no, please explain: \_\_\_\_\_

Are you available for overtime work in the evening and on weekends as may be required?  
 Yes  No If no, please explain: \_\_\_\_\_

Do you plan to work for any other employer or engage in self-employment during your period of employment with Solid - Employees LLC?  
 Yes  No If yes, please explain: \_\_\_\_\_

Are you fluent in any languages besides English?  
 Yes  No If yes, please explain: \_\_\_\_\_

Solid - Employees LLC requires that each employee be prepared to accept changes in their job description, duties, work sites and projects, location of work, and specific assignments, at any time for any reason, with or without notice, cause, or prior warning. Are you prepared to accept these conditions if you are employed?  Yes  No  
 If no, please explain: \_\_\_\_\_

**ACKNOWLEDGMENT: PLEASE READ AND SIGN (if you agree)**

By my signature below, I promise that the information provided in this employment application (and in any related documentation or interview) is true and complete, and I acknowledge that any false or misleading information or significant omission will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date. I promise to immediately notify Solid - Employees LLC if I should be convicted or plead guilty to any crime while my job application is pending, or during my period of employment if hired.

I authorize any person, school, current employer (except as previously noted), past employer, the State of Minnesota Department of Motor Vehicles, and any other organization named in this application form (or related documentation or interview) to provide Solid - Employees LLC with any information and opinion requested by Solid - Employees LLC in connection with my application, or employment if hired, and I release such persons, schools, current and past employers and organizations and agree to hold them harmless from any legal liability in responding to such requests, irrespective of the circumstances or the nature or content of their responses.

I understand that this application does not create a contract of employment. I understand that, if hired, I will be subject to any and all current and subsequently adopted Solid - Employees LLC policies. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of wages or salary, be terminated at any time for any reason, with or without notice. I understand that no person is authorized to change any of the terms mentioned in this employment application or in any offer of employment I may receive, except in a written employment agreement signed by an Officer of Solid - Employees LLC.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Pre-Hire Self Evaluation**

Name: \_\_\_\_\_

Please indicate (X) your personal knowledge and skill level for the job skills listed below using the following guidelines:

Future >> I have no experience with this particular skill, but would be interested in training opportunities.

Minimal >> I have seen this done or I have helped someone else with this task.

General >> I have performed this skill at least five times, and am familiar with related codes and terminology.

Expert >> I have mastered this skill. I have successfully bid, completed, and trained others in this area.

Not Interested >> I have no interest in learning or performing this task.

**Framing**

- Stick Frame ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Wall Panels ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Steel Studs ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Windows / Doors ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Stairs ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested

**Millwork**

- Base & Case ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Cabinets ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Stair Railings ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Commercial Hardware ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested

**Drywall**

- Hang ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Tape ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Textures ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Boxes ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested

**Painting**

- Roll ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Spray ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Enamel ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Varnish ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Faux / Textures ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested

**Concrete**

- Footings ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Forms ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested
- Flatwork ( ) Future ( ) Minimal ( ) General ( ) Expert ( ) Not Interested

**Other Skills or Certifications**

- Siding ( ) Cedar ( ) Vinyl ( ) Hardie ( ) Steel
- Structural Steel ( ) Layout ( ) Connector ( ) Welding
- Roofing ( ) Shingles ( ) Shakes ( ) Steel ( ) Flat - Membrane
- Rough Terrain Forklift ( ) Certified by: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Class A / CDL ( ) State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Lead Abatement ( ) Certified by: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- First Aid / CPR ( ) Certified by: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_