

General Construction Team Member

Skilled Trade Solutions
650 Kennedy Road
Lexington, KY 40511
(859) 254-0576

Skilled Trade Solutions, a Paddock Development Company, is an *Equal Opportunity Employer* and does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, or disability. **Applications remain active for 90 days.**

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with Skilled Trade Solutions. Keep this in mind as you complete the application.

Special note: You are not required to supply any information that is prohibited by Federal, State or Local Law. You may request assistance to complete this application.

PERSONAL

NAME (Last, First, M.):		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
PREVIOUS ADDRESS:			
HOME PHONE:	CELL PHONE:	WORK PHONE:	

Position Applied For:

Type of employment sought: Regular Full Time Part Time Temporary As Needed

Salary Expected: \$

Date Available For Work:

Referred By:

If yes, list names:

Have you ever been convicted of a felony: Yes No

If yes, please explain:

Are you a U.S. citizen? Yes No If no, are you legally eligible to work in the United States? Yes No
****Compliance with Immigration and Naturalization Service I-9 requirements is mandatory, upon employment.**

If younger than 18, state age here:

Answer these for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation? Yes No
If yes, list all:

Do you have a DOT Commercial Driving License? Yes No

MILITARY SERVICE

Branch:	Dates of Service: From: _____ To: _____	Type of Discharge:
Rank When Discharged:	Duties:	

EDUCATIONAL DATA

(Transcript required upon employment)

HIGH SCHOOL	NAME: _____ ADDRESS: _____	HIGHEST GRADE COMPLETED	Did you receive a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
VOCATIONAL/ TECHNICAL SCHOOL	NAME: _____ ADDRESS: _____	NUMBER OF YEARS COMPLETED: CREDIT HOURS COMPLETED:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE/ UNIVERSITY	NAME: _____ ADDRESS: _____		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Major Subject: _____ Degree: _____ Hours Completed: _____
COLLEGE/ UNIVERSITY	NAME: _____ ADDRESS: _____		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No Major Subject: _____ Degree: _____ Hours Completed: _____

List any skills, special training and qualifications that you possess that pertain to the position for which you have applied. Include equipment with which you have experience and training, job related training, computer skills, certifications, licenses, professional memberships and/or associations.

WORK EXPERIENCE

List your current or most recent employer first.

COMPANY:		TYPE OF BUSINESS:		SUPERVISOR'S NAME AND TITLE:	
ADDRESS:			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			IF NO, WHY?		
POSITION HELD:	STARTING SALARY:	ENDING SALARY:	STARTING DATE:	ENDING DATE:	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING JOB:					

COMPANY:		TYPE OF BUSINESS:		SUPERVISOR'S NAME AND TITLE:	
ADDRESS:			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			IF NO, WHY?		
POSITION HELD:	STARTING SALARY:	ENDING SALARY:	STARTING DATE:	ENDING DATE:	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING JOB:					

COMPANY:		TYPE OF BUSINESS:		SUPERVISOR'S NAME AND TITLE:	
ADDRESS:			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			IF NO, WHY?		
POSITION HELD:	STARTING SALARY:	ENDING SALARY:	STARTING DATE:	ENDING DATE:	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING JOB:					

EMPLOYMENT REFERENCE CHECK

Please list below three business/professional references who can attest to your skills, knowledge and experience that will contribute to your success in the position for which you have applied.

Name:		Title:	
Address:	City:	State:	Zip:
Phone:			

Name:		Title:	
Address:	City:	State:	Zip:
Phone:			

Name:		Title:	
Address:	City:	State:	Zip:
Phone:			

CONDITIONS OF EMPLOYMENT

To Applicant: Read this information carefully and sign below.

1. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may be cause for my immediate dismissal.
2. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
3. I understand that I may be required to work overtime as a condition of employment.
4. In consideration of my employment, I agree to conform to the rules and regulations for employees of Skilled Trade Solutions. I understand that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either Skilled Trade Solutions or myself. I understand that no representative of Skilled Trade Solutions has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
5. I understand that I may be required to submit to a pre-employment and past employment test for fitness, honesty, and/or substance abuse, if not prohibited by law.
6. Upon separation of employment, I authorize Skilled Trade Solutions to withhold from my final pay check any money owed to Skilled Trade Solutions by me.

Signature: _____

Date: _____



REFERRAL/VOLUNTARY QUESTIONNAIRE FORM

FOR OFFICE USE ONLY	
Person Received:	Date Received:
Date Contacted:	
Results:	

Opportunity for Work and Learning partners with other agencies to provide services to job seekers for access to suitable employment and/or training. If you are interested in additional services, please complete the following questionnaire and submit the form to OWL Center. A staff member from the OWL Center will contact you for an interview to seek more information in order to determine eligibility. OWL does not discriminate with regard to employment, promotion, pay, or place of work because of race, religion, national origin, sex or sexual orientation, disability, or age.

Name: _____ Phone #: _____

Address: _____

Date of Birth: _____

****Please Answer all questions in steps I-V****

STEP I: RETURN TO WORK

1. **CHECK ONE:**

Are you currently seeking employment?

How long have you been unemployed? _____

OR are you seeking a better job?

Where are you currently employed? _____

STEP II: SUPPLEMENTAL NUTRITION ASSISTANCE EMPLOYMENT & TRAINING PROGRAM

2. Do you qualify for or receive SNAP benefits (food stamps)?

Yes

No

3. Are you required to participate in a work program in order to keep your SNAP benefits?

Yes

No

➤ If you answered yes to either question above, you may qualify for the SNAP E&T program.

STEP III: OFFICE OF VOCATIONAL REHABILITATION OR OFFICE FOR THE BLIND

4. Do you have or believe you have a physical, mental, emotional, learning or other barrier or disability that limits or prevents you from working?

Yes

No

- If you answered "Yes" to question 4, you may qualify for services through the OVR/OFB.

STEP IV:

5. Are you willing to participate in vocational assessments and training required to assist you in finding the best job match?

Yes

No

6. Are you committed to keeping scheduled appointments, following directions, and completing tasks on time?

Yes

No

Once you have fully completed this form, please return it to an OWL Center staff member for review. You will be contacted at a later date by OWL Center staff to complete an interview to determine eligibility.

Signature:

Date:

INSTRUCTIONS TO APPLICANT: Complete only the section(s) marked.

_____ AUTHORIZATION FOR CRIMINAL RECORD CHECK

I am being considered for employment at Skilled Trade Solutions and I authorize Skilled Trade Solutions or their representative to conduct a criminal record check. My signature below is a request to any Federal, State or Local Law Enforcement Agency release whatever information is requested by Skilled Trade Solutions or their representative.

Signature: _____ Date of Birth: _____

Name (Print): _____ Social Security Number: _____

Address: _____
City State Zip

_____ AUTHORIZATION FOR FINANCIAL RECORD CHECK

I understand that as a routine part of the selection process Skilled Trade Solutions will make an inquiry of a credit bureau to determine if I have a financial disability.

Signature: _____ Date: _____
