



# Application for Employment

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

**PLEASE COMPLETE PAGES 1-7.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Contact Name & Relationship: \_\_\_\_\_

If you are under 18 years of age, state age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Can you prove your U.S. Citizenship? Yes \_\_\_ No \_\_\_ **if not, give Visa No. \_\_\_ and Expiration Date: \_\_\_/\_\_\_/\_\_\_**

**Position applied for** (1) \_\_\_\_\_ (2) \_\_\_\_\_  
**(Be specific)** \_\_\_\_\_  
**and salary desired** \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL- OR PART-TIME

When are you available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Ye

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU EVER BEEN INJURED AT WORK? \_\_\_ No \_\_\_ Yes

If yes, explain how and when \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



DO YOU HAVE A DRIVER'S LICENSE?  YES  NO

What is your means of transportation to work? \_\_\_\_\_

Driver's license # \_\_\_\_\_ State of issue \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How Many? \_\_\_\_\_

**OFFICE ONLY**

Typing  Yes  No \_\_\_\_\_ WPM  
10-key  Yes  No \_\_\_\_\_ WPM  
Word Processing  Yes  No \_\_\_\_\_ WPM  
Personal Computer  Yes  No  PC  Mac  
Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____)	Telephone (____)

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications and job skills for the specific position for which you are applying.



MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?     Yes  No    Discharge Date \_\_\_\_\_

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     Yes  No    Honorable?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_

**Work Experience**    Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From    Start	
		To                      Final	
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?  Yes  No

**If printing and filling out form from the Internet please scan in  
Driver's License, CPR card and any Certifications you may have for our file**

**Email to: [info@phillipskochconstruction.com](mailto:info@phillipskochconstruction.com)**

**If mailing in application please copy and send to:**

**Phillips & Koch Construction PO Box 41451 Eugene, OR 97404**



## **APPLICANTS TOOL LIST**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please circle those tools you have currently:

(\*Minimum Laborers must have)

- |   |                     |
|---|---------------------|
| Hardhat- furnished by Phillips & Koch             | Level Square        |
| Safety Glasses- furnished by Phillips & Koch      | 5 Locks & 5 Tags    |
| * Coveralls                                       | 2' or 4' Levels     |
| * Safety Boots- some customers require steel toes | Flashlight          |
| * Gloves  | Punches             |
| * Tape Measure                                    | Crescent Wrenches   |
| Welding Hood                                      | Wrenches to 1 ¼"    |
| Cutting Goggles                                   | Torpedo Level       |
| Leathers for Welding                              | Assorted Clamps     |
| Slag Hammer                                       | Sockets to 1 ¼"     |
| Framing Square                                    | Allen Wrenches      |
| Pry Bar   | Soapstone or Marker |
| Ball-Peen, Carpentry – 4lb Hammers                | Tri-Square          |
| Tool Belt, Nail Apron or Bolt Bags                | Chalk Line          |
| * Notepad and Pencil                              | Pliers              |
| * Email Address                                   | Striker             |
| * Phone with Answering Machine or Cell Phone      | Vise Grips          |



**QUESTIONNAIRE TO QUALIFY APPLICANTS**

1. Are you a Journeyman? Yes \_\_\_ No \_\_\_

2. What Certifications do you have?

- \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_
- \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_
- \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_
- \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_
- \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

3. How much Experience do you have as a:

- MILLWRIGHT? Years \_\_\_\_\_ Months \_\_\_\_\_
- WELDER? Years \_\_\_\_\_ Months \_\_\_\_\_
- LABORER? Years \_\_\_\_\_ Months \_\_\_\_\_
- IRONWORKER? Years \_\_\_\_\_ Months \_\_\_\_\_

4. Who have you worked for in Construction: From: To:

- \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_
- \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_

5. Computer Programs you are Proficient in :

- Project? Yes \_\_\_ No \_\_\_ AutoCAD? Yes \_\_\_ No \_\_\_
- Word? Yes \_\_\_ No \_\_\_ EXCEL? Yes \_\_\_ No \_\_\_

6. What is your:

- NAME \_\_\_\_\_
- ADDRESS \_\_\_\_\_
- PHONE \_\_\_\_\_ CELL #: \_\_\_\_\_
- EMAIL ADDRESS: \_\_\_\_\_
- WHEN CAN YOU START? \_\_\_\_\_



**JOB APPLICANT SKILL LEVEL SELF-EVALUATION FORM**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Please check if applicable:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Project Management	_____	_____	_____	_____
Supervision Skills	_____	_____	_____	_____
Estimating	_____	_____	_____	_____
Carpentry	_____	_____	_____	_____
Welding	_____	_____	_____	_____
Pipe Welding	_____	_____	_____	_____
Pipe Fitting	_____	_____	_____	_____
Cutting Torch	_____	_____	_____	_____
Millwright	_____	_____	_____	_____
Ironworker	_____	_____	_____	_____
Laborer	_____	_____	_____	_____
Operator-Crane	_____	_____	_____	_____
Operator-Forklift	_____	_____	_____	_____
Operator-Man-lift	_____	_____	_____	_____
Reach Forklift	_____	_____	_____	_____
Precision Alignment	_____	_____	_____	_____
Laser – Level – Transit	_____	_____	_____	_____
Concrete	_____	_____	_____	_____
Blueprint Reading	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Productivity	_____	_____	_____	_____
Work Quality	_____	_____	_____	_____
Safety Training	_____	_____	_____	_____
Computer Skills	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____