



Physical Address- 11128 Midway #3, Chico, CA 95928

Mailing Address- 472 Eaton Road, Chico, CA 95973

Phone: (530)636-4574 / Fax: (530)809-4093

www.proframeconstruction.com
office@proframeconstruction.com

Application date _____

First Name _____ Middle Initial _____ Last Name _____

Present Address _____

City _____ State _____ Zip _____

How long at this address _____ If under 18, please list age _____

Home Telephone _____ Cell Phone _____

Email address _____

Position applying for _____ Salary desired: (please be specific) _____

Desired status (check one): Full Time Part Time Temporary/Internship

Days and Hours available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

Are you on "lay-off" status and subject to recall? Yes No
 Have you ever filed an application with us before? Yes No Date filed? _____ No
 Have you ever been employed with us before? Yes No Please give dates _____ No
 Are you legally eligible to work in the United States? Yes No
 Have you ever been fired from or asked to resign from a job? Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No
 If yes, please 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.

Do you have a valid driver's license? Yes No
Driver's license number _____ State of Issue _____ Expiration Date _____

What is your means of transportation to work? _____

Have you had any accidents during the past three (3) years? Yes No

If "YES", how many? _____

Have you had any moving violations during the past three years? Yes No

If "YES", how many? _____

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If "YES", please explain:

EDUCATION

High School _____ Graduated? Yes No

Address _____

College attended? Yes No Years completed? _____ Graduated? Yes No

Name of College _____

Address _____

Trade School attended? Yes No Years completed? _____ Graduated? Yes No

Name of Trade School _____

Address _____

Business or Professional School attended? Yes No Years completed? _____ Graduated? Yes No

Name of School _____

Address _____

Please list any academic honors, scholarships, offices held, etc. *(Please do not list any which reflect your race, color, religion, gender, national origin, age, or any items covered in Title VII of the Civil Rights Act)*

Please describe any specialized training, apprenticeships, licenses or skills, including computer skills. _____

PERSONAL REFERENCES

Please list two (2) references other than relatives or previous employers:

Name _____ Position _____

Company _____ Telephone _____

Full Address _____

Name _____ Position _____

Company _____ Telephone _____

Full Address _____

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 for the specific position for which you are applying.

MILITARY STATUS

Have you ever been in the Armed Forces? Yes No
 Are you now a member of the National Guard? Yes No
 Specialty? _____ Date Entered _____ Discharge Date _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____ Phone Number _____

JOB EXPERIENCE

Job Description	Have you done/ Can you perform?	Years of Experience	Job Description	Have you done/ Can you perform?	Years of Experience
Snap/Detail	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Straight Edge	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Stairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Plate	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Joist	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Frame	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Plumb and Line	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Elevation	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Shear	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Siding	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Straps	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Arches	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Pick Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Fascia	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Clean Up	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Stack	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Beams	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you have a power actuated tool license? Yes No
 Do you have hand tools? Yes No
 Do you have power tools? Yes No
 Do you have piece work experience? Yes No
 Do you prefer: Piece Work Hourly Either

Please list your work experience for the past five years beginning with your most recent job held:

Current or most recent Employer:

Company _____ Employment Dates _____

Supervisor _____ Pay or Salary _____

Address _____ Phone number _____

Reason for leaving (please be specific) _____

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company _____

Employer #2:

Company _____ Employment Dates _____

Supervisor _____ Pay or Salary _____

Address _____ Phone number _____

Reason for leaving (please be specific) _____

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company _____

Employer #3

Company _____ Employment Dates _____

Supervisor _____ Pay or Salary _____

Address _____ Phone number _____

Reason for leaving (please be specific) _____

Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company _____

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If you answered "No", then who helped you? _____

Do you have any physical limitations that prevent you from performing any duties or tasks?

Please explain _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Proframe Construction (hereinafter called the Company), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Either the undersigned or the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant _____ Date _____

The Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.