

SPECIAL PURPOSE QUESTIONS

THE FOLLOWING IS INFORMATION REQUIRED FOR WAREHOUSE/FIELD POSITIONS FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS:

Driver's License: Number _____ State _____ Expiration Date _____

Have you been charged and/or convicted of DWI? Yes _____ No _____

List all moving traffic violations during the past three (3) years _____

List any experience in the lightning protection field or construction field _____

Have you had any experience reading Architectural, Structural, and Mechanical, Electrical, Plumbing (MEP) blueprints? Yes _____ No _____

If YES, please explain _____

Do you have any welding experience? Yes _____ No _____ If Yes, are you certified? _____

Do you have any forklift experience? Yes _____ No _____ If Yes, are you certified? _____

Do you have any woodworking experience? Yes _____ No _____ If Yes, how long? _____

Do you have any shipping experience? Yes _____ No _____ If Yes, how long? _____

Do you have any receiving experience? Yes _____ No _____ If Yes, how long? _____

Do you have any commercial driving experience? Yes _____ No _____ If Yes, are you certified? _____
License Type: _____

Do you have experience using a computer? Yes _____ No _____ If so, how long?
Macintosh _____ years PC (DOS) _____ years

Please list years of experience:

Data entry _____ years	Word Processing _____ years
Telephone / Receptionist _____ years	Accounts Payable _____ years
Accounts Receivable _____ years	Invoicing _____ years

List any other work-related experience that you feel qualifies you for this position

EMPLOYMENT HISTORY (list your last employer first)

Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____ / ____	_____	_____	_____	_____
To ____ / ____	_____	_____	_____	_____
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____ / ____	_____	_____	_____	_____
To ____ / ____	_____	_____	_____	_____
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____ / ____	_____	_____	_____	_____
To ____ / ____	_____	_____	_____	_____
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____ / ____	_____	_____	_____	_____
To ____ / ____	_____	_____	_____	_____
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____ / ____	_____	_____	_____	_____
To ____ / ____	_____	_____	_____	_____

MILITARY SERVICE RECORD

Are you a veteran _____ If yes, list type of discharge: ____

DISCHARGE DATE _____ BRANCH OF SERVICE _____ RANK _____

SPECIAL TRAINING _____

Present membership in National Guard or Reserves _____ Date Obligation Ends _____

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes _____ No _____ If YES, please explain _____

PHYSICAL
RECORD

EDUCATION

<u>School</u>	<u>Name & City of School</u>	<u>No. of Years</u>	<u>Graduate?</u>	<u>Course(s)</u>
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High School	_____	_____	_____	_____
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College	_____	_____	_____	_____
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Trade School	_____	_____	_____	_____
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Other Training	_____	_____	_____	_____
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EDUCATION

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of the company.

Signature _____

Print Name _____

Date _____

APPLICANT'S STATEMENT

References

Please provide four (4) professional references. References may not be a family member.

Professional Reference

Direct Supervisor Name: _____

Direct Supervisors Email: _____

Company Address: _____

Company Phone Number: _____

Professional Reference

Direct Supervisor Name: _____

Direct Supervisors Email: _____

Company Address: _____

Company Phone Number: _____

Professional Reference

Direct Supervisor Name: _____

Direct Supervisors Email: _____

Company Address: _____

Company Phone Number: _____

Professional Reference

Direct Supervisor Name: _____

Direct Supervisors Email: _____

Company Address: _____

Company Phone Number: _____