Return To

5740 B Street

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Upon applying for a position with our company please understand that client trust is a foundation of our culture. We require from candidates a 10 year background screening, driving record, and prescreen drug test. We ask that all information provided be accurate and forthright, and we thank you for your interest in working here.

Hello

On a separate typed page or pages please answer the following...

I Which trades are you most interested in pursuing a mastery of? What interests you about that field? (ie carpentry, masonry, electrical, plumbing, HVAC, etc.)

2 Find a photo of an interesting design feature in a home. Describe why the design appeals to you individually.

3. Have you ever worked in the home remodeling repair field? If yes, describe that experience. If not, why are you interested in exploring this field?

Written Word

I, _____ certify that all information I have provided in this employment application is accurate and has been completed to the best of my knowledge and ability.

Χ				

Last Name			First Name		
Current Address	Current Address				
Birth Date		Social Security Number			
Telephone		Email Address			
High School	High School				
College/Degree					
Additional Education					
Drivers License # Stat		ite Issued			
Do you have any other job-related skills, special qualifications, professional licenses, or professional training?					

Within the past 7 years, have you plead no contest or have been convicted of a felony or misdemeanor?				
If "yes", please explain on a separate page. (Recorded conviction does not automatically disqualify the applicant from employment consideration.)				
Can you provide legal documentation of your eligibility to work in the U.S. unrestricted? Yes No				
If required, can you provide proof you are at least 18 years of age?Yes No				
Can you perform all of the essential functions of the position(s) you are applying for without unreasonable accommodation?Yes No				
Do you have the hand tools and safety gear for the field?Yes No				
Years worked within the industry	Date Available to work			
Expected Compensation	Full Time Employment Part Time Employment			

EMPLOYMENT HISTORY

Starting with your most recent job or present job, list your past employers. This section must be filled out in its entirety. If answers are too long for space provided please use another page.

1	MOST RECENT EMPLOYER'S NAME	TELEPHONE	
	STREET CITY STATE ZIP	EMPLOYED (Month & Year) FROM TO	
	NAME OF CURRENT OR MOST RECENT SUPERVISOR	LAST JOB TITLE	RATE OF PAY: STARTING ENDING
	DESCRIBE YOUR JOB DUTIES		
	REASON FOR LEAVING		

2	NEXT EMPLOYER'S NAME	TELEPHONE	
	STREET CITY STATE ZIP	EMPLOYED (Month & Year) FROM TO	
	NAME OF CURRENT OR MOST RECENT SUPERVISOR	LAST JOB TITLE	RATE OF PAY: STARTING ENDING
	DESCRIBE YOUR JOB DUTIES		
	REASON FOR LEAVING		

3	EMPLOYER'S NAME		TELEPHONE	
	STREET CT ZIP	TY STATE	EMPLOYED (Month & Year) FROM TO	
	NAME OF CURRENT OF	R MOST RECENT SUPERVISOR	LAST JOB TITLE	RATE OF PAY: STARTING ENDING
	DESCRIBE YOUR JOB D	OUTIES		
	REASON FOR LEAVING			



By: (First)	(MI)	(Last Name)				
Other name(s) utilized career:	•	_				
Maiden name:	Maiden name:					
Date of Birth:						
Social Security Nu	ımber:	·				
May we contact ye	our previous/cur	rent employer? Yes No				
I understand that	an offer of empl	loyment by the Company may be made				
reliance upon the	e statements co	ontained herein, and may be continge				
upon satisfactory	results of an inv	estigation of my past employment, exp				
rience, education,	and other activi	ties referred to in this application.				
I voluntarily auth	orize the Comp	any to conduct such an investigation.				
agree to cooperat	e fully in this inv	estigation, and to release from all liabili				
or responsibility, a	all persons or org	ganizations supplying information.				
Should I accept emplo	oyment prior to the	completion of any of the above, I understand th				
such employment, if	subsequently termin	nated as a result of finding other than satisfacto				
		been temporary. I, therefore, shall not have be				
eligible for any of the	employee benefits o	of the Company.				
Signature		Date				