APPLICATION FOR EMPLOYMENT



AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION								
NAME			DATE					
LAST	FIRST	MIDDLE	Dille					
ADDRESS	STREET	CITY	CT ATE	ZIP				
		HOME	STATE CELL					
ARE YOU 18 YEARS OR O	DDER.	THORE W.		#:				
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?								
EMPLOYMENT DI	ESIRED							
POSITION		DATE YOU CAN STAR						
ARE YOU EMPLOYED NOW?								
	D FOR PAUL DAVIS RESTOR	RATION OR	NO WHERE	WHEN?				
REASON FOR LEAVING PA	AUL DAVIS RESTORATION,	IF PREVIOUSLY EMPLOY	ED:					
NAME OF LAST SUPERVIS	SOR AT PAUL DAVIS RESTO	R ATION:						
HOW DID YOU	NEWSPAPER	□ WALK-IN	☐ JOB FAIR	☐ INTERNET				
LEARN ABOUT US?	EMPLOYMENT AGENCY	☐ FRIEND/FAMILY	OTHE	R				
EDUCATION								
CCHOOL LEVEL	NAME AND	LOCATION OF SCHOOL	NO. OF YEARS	DID YOU SUBJECTS				
SCHOOL LEVEL	NAME AND	LOCATION OF SCHOOL	ATTENDED	GRADUATE STUDIED/MAJO				
HIGH SCHOOL								
COLLEGE								
COLLEGE								
PROFESSIONAL, TRADE, OR BUSINESS SCHOOL								
GENERAL								
CERTIFICATIONS / I GENISES (INCLUDE RENEWAL DATE IF ARRUGARDLE).								
CERTIFICATIONS/LICENSES (INCLUDE RENEWAL DATE IF APPLICABLE):								
LIST ANY PRIOR EXPERIENCE IN CONSTRUCTION OR WATER/MOLD/FIRE RESTORATION:								
LIST OTHER SKILLS, EXPERIENCES AND/OR TRAINING THAT WOULD ENHANCE YOUR ABILITY TO PERFORM THE POSITION APPLYING FOR:								

FORMER EMPLOYERS (List below last four employers, starting with the most recent covering at least 7 years)							
NAME AND ADDRESS OF PRESENT OR MO	OST RECENT E	MPLOYER					
ADDRESS			СПУ	STATE	ZIP		
START DATE	MONTH Please	YEAR circle	END DATE	NTH	YEAR Please	circle	
STARTING RATE OF PAY	HOURLY MONTHLY	WEEKLY ANNUALLY	FINAL RATE OF PAY		WEEKLY MONTHLY	BIWEEKLY ANNUALLY	
JOB TITLE			MAY WE CONTACT Y	YOUR SUPERVISOR?			
NAME AND TITLE OF SUPERVISOR				PHONE NO			
DESCRIPTION OF WORK			-				
SESSION TION OF WORK							
			REASON FOR LEAVI	NG			
DREWIOUS EMPLOYER			REASONT OR ELAVI	110			
PREVIOUS EMPLOYER							
ADDRESS			CITY	STATE	ZIP		
START DATE	MONTH	YEAR	END DATE	н	YEAR		
STARTING RATE OF PAY	HOURLY MONTHLY	circle WEEKLY ANNUALLY	FINAL RATE OF PAY		Please HOURLY MONTHLY	circle WEEKLY ANNUALLY	
JOB TITLE			MAY WE CONTACT Y	YOUR SUPERVISOR?			
NAME AND TITLE OF SUPERVISOR				PHONE NO			
DESCRIPTION OF WORK							
			REASON FOR LEAVI	NG			
PREVIOUS EMPLOYER							
TAB VIOUS DAM DO TEN							
ADDRESS			СПҮ	STATE	ZIP		
START DATE	MONTH Please	YEAR	END DATE	MONTH	YEAR Please	circle	
STARTING RATE OF PAY	HOURLY MONTHLY	WEEKLY ANNUALLY	FINAL RATE OF PAY		HOURLY MONTHLY	WEEKLY ANNUALLY	
JOB TITLE	MAY WE CONTACT YOUR SUPERVISOR?						
NAME AND TITLE OF SUPERVISOR							
DESCRIPTION OF WORK							
	REASON FOR LEAVING						
PREVIOUS EMPLOYER							
ADDRESS			CITY	STATE	ZIP		
START DATE	MONTH Please	YEAR circle	END DATE	MONTH	YEAR Please		
STARTING RATE OF PAY	HOURLY MONTHLY	WEEKLY ANNUALLY	FINAL RATE OF PAY		HOURLY MONTHLY	WEEKLY ANNUALLY	
JOB TITLE			MAY WE CONTACT Y	YOUR SUPERVISOR?			
NAME AND TITLE OF SUPERVISOR			1	PHONE NO			
DESCRIPTION OF WORK							
			REASON FOR LEAVI	NG			

SPECIAL QUESTIONS									
HAVE YOU EVER TERMINATED FROM EMPLOMENT OR ASKED TO RESIGN BY AN EMPLOYER? IF YES, PLEASE PROVIDE COMPANY NAMES AND DETAILS:									
ATTIMED THE DETTIMES.									
DO YOU KNOW ANYONE WHOWORKS FOR OUR COMPANY? YES NO If so, who? Relationship?									
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATION?									
CAN YOU WORK ANY SHIFT?									
CAN YOU WORK OVERTIME, IN	ICLUDING NIGHTS AN	ND WEEKENDS?] YES □ NO						
List	pelow the names of thr	ree persons not related to you	whom you have known at l	east one year in	a professional or				
	ness setting	ee persons not related to you	, whom you have known at						
NAME	TITLE	COMPANY	PHONE NUMBER	YEARS ACQUAINTED	HOW DO YOU KNOW THEM?				
1.									
2									
2.									
3.									
PLEASE READ AND SIGN STATEMENTS BELOW									
Paul Davis Restoration, Inc is an equal opportunity employer. Paul Davis Restoration, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.									
I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Paul Davis Restoration, Inc to hire me. If I am hired, I understand that either Paul Davis Restoration, Inc or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Paul Davis Restoration, Inc has the authority to make any assurance to the contrary.									
I attest with my signature below that I have given to Paul Davis Restoration, Inc true and complete information on this application. No requested information has been concealed. I authorize Paul Davis Restoration, Inc to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.									
APPLICANT'S S	SIGNATURE	(PLEASE PI	RINT OR TYPE NAME)		DATE				