Application for Employment DeckPro LLC

Last	F	irst		Middle	
Address				whatte	
Telephone Number ()		City	State		Zip
Social Security number		_			
Are You Applying For: 🛛 Full Time	□ Tem	porary	□ Full Time Ten	nporary	
Education History					
a. Check highest grade completed	Year Comple	Year Completed			
■ 8 □ b. If you did not complete high school, do y equivalency diploma?	$]9 \square 10$ you have a		$\square Yes \square N$	No Date Receiv	ed
c. Check number of years of post high scho education	ol 🗆 1			⊒7	
Name and Location of Institution	Yrs	Degree Received	Major or Specialty	Minor	Dates Attended
1					
2.					
3.					
Have you ever been convicted of a felony? No		ease explain)			
Are you willing to take a drug test? \Box Yes	□ No				
		3.7			
Are you willing to work 10-12 hour days?	Yes 🗆	No			
	Yes □ No	No			
Are you willing to work 10-12 hour days? □ Are you willing to work outside? □ Yes □ Can you lift 80 pounds? □ Yes □ No		Νο			

Employment History – Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

Employment Dates	From	То	Company Name	City, State
Titles and Duties:				
Equipment used:				
Reason for	· Leaving		Supervisors Name	Telephone Number
Employment Dates	From	То	Company Name	City, State
Titles and Duties:				
Equipment Used:				
Reason for	· Leaving		Supervisors Name	Telephone Number
Employment Dates	From	То	Company Name	City, State
Titles and Duties:		I		
Equipment Used:				
Reason for	· Leaving		Supervisors Name	Telephone Number

May we contact your previous employers? \Box Yes \Box No

When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

Month Day Year

CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part from Custom Vinyl Concepts. I understand that all information on this application is subject to verification. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

Date Applicant Signature