

Job Specifications

GENERAL REQUIREMENTS: For each position listed below you must have the ability to climb ladders, frequently lift, push, or pull heavy materials ranging from 5-150lbs., bend, squat, work from scaffolding (and other OSHA approved working surfaces), have knowledge of blueprint reading, and the ability to work with minimum supervision. Each employee will need to provide certain tools required for the trade.

PLUMBER / HELPER:

- Ability to climb ladder, crawl in crawl space, lift, push and pull materials ranging from 5-150 lbs.
- Ability to be equipped with and use required hand tools and equipment.
- Ability to use measuring devices related to doing piping work.
- Ability to read and write.
- Must have city journeyman's card.

SHEET METAL MECHANIC / HELPER:

- (Shop) Ability to measure, shear and form metal.
- (Field) Ability to assembly and install ductwork.
- Ability to be equipped with and use required hand tools.
- Ability to use measuring devices related to doing sheet metal work.

TRUCK DRIVER:

- Must have a valid NC Driver's license
- Must not have more than 2 points on license at any given time.

HVAC SERVICE TECHNICIAN:

- Must have CFC Certification.
- Must have hand tools, meters and gauges.
- Must have a score of 80% or higher on HVAC skills test.

Knowing these physical requirements for the job, as listed above, do you foresee any reason that you would not be able to meet these requirements on a daily basis?

YES

NO

If yes, please explain _____

Can you work overtime on a short notice basis?

YES

NO

Signature: _____

Date: _____

EMPLOYMENT

Please give accurate, complete full time and part time employment record. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed - (State month and year)
Name of Supervisor	From To
State Job Title and Describe Your Work	Weekly pay Start Last
	Reason for leaving

Company Name	Telephone ()
Address	Employed - (State month and year)
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You may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____ Reason _____

MILITARY

Describe any training received relevant to the position for which you are applying.

Did you serve in the U.S. Armed Forces? Yes No

If "Yes" in what Branch? _____

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age or national origin)

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

FOR EMPLOYERS USE ONLY

Employer	Person Contacted	Results
1		
2		
3		
4		

Tests Administered	Raw Score	Rating	Analysis and Comments

Interviewer Name and Comments

SELECTFORM, INC. believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" or any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.

APPLICATION FOR EMPLOYMENT

Prospective employers will receive confidential information without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition proscribed by state or local law.

P E R S O N A L

Last Name: _____ First: _____ Middle: _____ Date: _____

Street Address: _____ Home Telephone: (____) _____

City, State, Zip: _____ Business Telephone: (____) _____

Have you ever applied for employment with us? Yes No If yes: Month and Year: _____ Location: _____

Position Desired: _____ Pay Expected: _____

Apart from absence for religious observance, are you available for fulltime work? Yes No If not, what hours can you work? _____

Are you legally eligible for employment in the United States? Yes No

When will you be available to begin work? _____

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been pardoned, expunged or sealed by a court? Yes No If "Yes," describe in full: _____

Have you ever been bonded? Yes No If "Yes," with what employer? _____

Other special training or skills (languages, machine operation, etc.): _____

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business /Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	



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NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED: _____

APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search for the purpose of evaluating me for employment, retention, promotion or reassignment.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint.

New York employers and residents only:

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

CONSUMER DISCLOSURE

I understand that a consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes. I understand that this Authorization and Disclosure form shall be in effect for the duration of my employment and shall serve as ongoing authorization to procure a consumer report at anytime during the course of my employment.

APPLICANT'S SIGNATURE

____/____/____
DATE

California, Minnesota & Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

For GA Criminal Searches Only (Must Check One): Employment w/ Mentally Disabled (Purpose Code M) Employment w/ Elder Care (Purpose Code N) Employment w/ Children (Purpose Code W) None Apply

Company Name: _____

Requester _____

Criminal Records Multi-State Criminal Index Motor Vehicle Record

SS number & Name Verification /Address search

Criminal (Where?) (1) _____ (2) _____ (3) _____