EMPLOYMENT APPLICATION

Please complete entire application.

Incomplete applications may be rejected.

|  |  |
| --- | --- |
| 1. EMPLOYER INFORMATION | |
| Employer:  Address:  City/State/Zip:  Telephone: | Total Home Solutions  905 SE Reed Market Rd.  Bend, Oregon 97702  541-647-0213 or 541-706-1500 | |
| It is the policy of Total Home Solutions to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status. | | |

|  |
| --- |
| 2. APPLICANT INFORMATION |
| a) Applicant Full Name: | |  |
| b) Home Address: | |  |
| c) City/State/Zip: | |  |
| d) Email Address: | |  |
| e) Mobile Phone: | |  |
| f) Social Security Number: | |  |
| g) Driver’s License (State/Number): | |  |

|  |  |
| --- | --- |
| 3. EMERGENCY CONTACT | |
| Who should be contacted if you are involved in an emergency? | | |
| a) Contact Name: |  | |
| b) Relationship to You: |  | |
| c) Address: |  | |
| d) City/State/Zip: |  | |
| e) Daytime Phone: |  | |
| f) Evening Phone: |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 4. APPLICANT ADDITIONAL INFORMATION | | | | | | |
| a) Position(s) Applying For:  Remodeling Tech  Project Manager/Estimator  Office Support/Other | | | | | | | |
| b) Hourly/Salary Desired: $ | |  | | per | |  | |
| c) Who referred you to our company? | | | | |  | | |
| Do you have any friends or relatives who work here? If yes, please list them: | | | | | | | |
|  | | | | | | | |
| d) Have you applied to our company previously?  Yes  No | | | | | | | |
| If yes, when? |  | | | | | | |
| e) Are you at least 18 years old?  Yes  No | | | | | | | |
| f) How will you get to work? | | |  | | | | |
| g) If applicable, are you available to work overtime?  Yes  No | | | | | | | |
| h) If you are offered employment, when would you be available to begin work? | | | | | | | |
|  | | | | | | | |
| i) If hired, are you able to submit proof that you are legally eligible for employment in   the United States?  Yes  No | | | | | | | |
| j) Are you able to perform the essential functions of the job position you seek with   or without reasonable accommodation?  Yes  No | | | | | | | |
| What reasonable accommodation, if any, would you request? | | | | | | | |
|  | | | | | | | |

|  |
| --- |
| 5. APPLICANT’S SKILLS |
| Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (1 represents poor ability, while 5 represents exceptional ability.) | | | |
| SKILL | | YEARS OF EXPERIENCE | RATING  1 2 3 4 5 |
| Paperwork/documentation | |  |  |
| Customer service | |  |  |
| Carpentry | |  |  |
| Tile setting | |  |  |
| Drywall patching | |  |  |
| Painting | |  |  |
| Minor plumbing | |  |  |
| Buildertrend | | | |
| MS Office | |  |  |
| Excel | |  |  |
| QuickBooks | |  |  |

|  |  |
| --- | --- |
| 6. APPLICANT’S EMPLOYMENT HISTORY | |
| List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application. | | |
|  |  | |
| a) Employer Name: |  | |
| Supervisor Name: |  | |
| Address: |  | |
| City/State/Zip: |  | |
| Job Duties: |  | |
| Salary/Hourly Rate of Pay: |  | |
| Reason for Leaving: |  | |
| Dates of Employment (Mo/Yr): |  | |
|  |  | |
| b) Employer Name: |  | |
| Supervisor Name: |  | |
| Address: |  | |
| City/State/Zip: |  | |
| Job Duties: |  | |
| Salary/Hourly Rate of Pay: |  | |
| Reason for Leaving: |  | |
| Dates of Employment (Mo/Yr): |  | |
|  |  | |
| c) Employer Name: |  | |
| Supervisor Name: |  | |
| Address: |  | |
| City/State/Zip: |  | |
| Job Duties: |  | |
| Salary/Hourly Rate of Pay: |  | |
| Reason for Leaving: |  | |
| Dates of Employment (Mo/Yr): |  | |

|  |  |
| --- | --- |
|  |  |
| d) Employer Name: |  |
| Supervisor Name: |  |
| Address: |  |
| City/State/Zip: |  |
| Job Duties: |  |
| Salary/Hourly Rate of Pay: |  |
| Reason for Leaving: |  |
| Dates of Employment (Mo/Yr): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 7. APPLICANT’S EDUCATION AND TRAINING | | | | |
|  | |  | | | |
| a) College/University Name and Location: | | | |  | |
| b) Did you receive a degree? | | | | Yes  No | |
| If yes, degree(s) received: | | | |  | |
|  | |  | | | |
| c) High School/GED Name and Location: | | |  | | |
| d) Did you receive a degree? | | | Yes  No | | |
|  | |  | | | |
| e) Other Training (graduate, technical, vocational): | | | | | |
|  | | | | | |
| f) Please indicate any current professional licenses or certifications that you hold: | | | | | |
|  | | | | | |
| g) Awards, honors, special achievements: | | | | | |
|  | | | | | |
| h) Military Service: | Yes  No | | | | |
| Branch: |  | | | | |
| Specialized Training: |  | | | | |

|  |
| --- |
| 8. REFERENCES |
| List any two non-relatives who would be willing to provide a reference for you. | | | |
|  | | |  |
| a) Name: | |  | |
| Address: | |  | |
| City/State/Zip: | |  | |
| Phone Number: | |  | |
| Relationship to You: | |  | |
|  | | |  |
| b) Name: | |  | |
| Address: | |  | |
| City/State/Zip: | |  | |
| Phone Number: | |  | |
| Relationship to You: | |  | |

|  |
| --- |
| 9. OTHER INFORMATION |
| Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer: | |
|  | |

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

*I authorize* **Total Home Solutions** *to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education*.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of **Total Home Solutions**, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **APPLICANT SIGNATURE** |  | **DATE** |