

Wisembaker Builder Services
1703 Westfield Loop
Houston, TX 77073

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

281/233-4058 (phone)
281/233-6732 (fax)
www.wisembaker.com

Wisembaker Builder Services does not discriminate on the basis of race, color, religion, sex, age, national origin, disability or veteran status. This application, together with all attachments, will be regarded as the property of Wisembaker Builder Services. If insufficient space is provided, please attach a supplementary sheet. Please complete using a blue or black pen. Please print.

Print Name	Last	First	Middle	Social Security Number	Date
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Present Address	Street and Number	City	State	Zip
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Telephone Number Home: _____ Work: _____ Ext: _____	Date Available to Start Employment	Are You At Least 18 Years Of Age? _____ Yes _____ No	List Any Previous Names Under Which You Have Been Employed
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Position Desired: <i>(Please complete separate application form for each position desired)</i>	Salary Desired:
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What Are Your Qualifications For This Type Of Work?

Type Of Employment Desired	Full-time _____	Part-time _____	Temporary _____	Shift Preferred	Day _____	Evening _____	Night _____	Are You Willing To Work Overtime?	Yes _____	No _____
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Are You Currently Employed? _____ Yes _____ No May We Contact Your Present Employer? _____ Yes _____ No	Are You Currently On "Lay-Off Status Subject To Recall? __ Yes __ No Can You Travel If A Job Requires It? _____ Yes _____ No
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How Were You Referred To This Company?	List Any Relatives/Acquaintances Employed By This Company?
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Have You Ever Been Employed By This Company? ____ Yes ____ No If Yes, Give Date(s) Of Employment	If Hired, can you produce documentation establishing your identity and your legal right to work in the United States? This will be verified through a pre-employment background check. _____ Yes _____ No
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Have You Ever Been Convicted Of A Felony? _____ Yes _____ No	If Yes, Please Explain:
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EDUCATION

Name Of School and Address	Currently Enrolled	Hours Of Credit	Degree Earned	Date Degree Earned	Field Of Specialty	Grade Pt. Avg./Out of Possible	Graduate (check one)
High School or GED							<input type="checkbox"/> Yes <input type="checkbox"/> No
College	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No
College	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: Secretarial, Tech, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No

List Any Professional Or Technical Licenses, Certifications, Or Registrations You Possess:

WORK EXPERIENCE – List All Full-Time And Part-Time Positions Held For At Least The Past 10 Years

Name and Address of Most Recent Employer	Dates Of Employment		Job Title	Rate Of Pay		Supervisor's Name and Phone	May We Contact?
	From Mo/Yr	To Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the work you performed. Please DO NOT write "see resume" or leave blank.

_____ Full-time _____ Part-time _____ Temporary

Reason For Leaving:

Name and Address of Previous Employer	Dates Of Employment		Job Title	Rate Of Pay		Supervisor's Name and Phone	May We Contact?
	From Mo/Yr	To Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the work you performed. Please DO NOT write "see resume" or leave blank.

_____ Full-time _____ Part-time _____ Temporary

Reason For Leaving:

Name and Address of Previous Employer	Dates Of Employment		Job Title	Rate Of Pay		Supervisor's Name and Phone	May We Contact?
	From Mo/Yr	To Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the work you performed. Please DO NOT write "see resume" or leave blank.

_____ Full-time _____ Part-time _____ Temporary

Reason For Leaving:

Name and Address of Previous Employer	Dates Of Employment		Job Title	Rate Of Pay		Supervisor's Name and Phone	May We Contact?
	From Mo/Yr	To Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the work you performed. Please DO NOT write "see resume" or leave blank.

_____ Full-time _____ Part-time _____ Temporary

Reason For Leaving:

Name and Address of Previous Employer	Dates Of Employment		Job Title	Rate Of Pay		Supervisor's Name and Phone	May We Contact?
	From Mo/Yr	To Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the work you performed. Please DO NOT write "see resume" or leave blank.

_____ Full-time _____ Part-time _____ Temporary

Reason For Leaving:

Explain Any Gaps Of More Than One Month During The Time Covered By Your Work History?

PROFESSIONAL REFERENCES – List Only Persons We May Contact At This Time.

Name and Title	Address	Business Phone	Relationship

EQUIPMENT USED – Please Check The Machines, Instruments, And/Or Software You Can Operate.

- | | | |
|---|--|--|
| <input type="checkbox"/> Forklift
<input type="checkbox"/> Hammer
<input type="checkbox"/> Cherry Picker
<input type="checkbox"/> Hand Tools (please list)
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Power Saw
<input type="checkbox"/> Skill Saw
<input type="checkbox"/> Sander
<input type="checkbox"/> Buffing Machine
<input type="checkbox"/> Nail Gun
<input type="checkbox"/> CAD/CAM
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Computer Software Packages
<input type="checkbox"/> 3D Modeling Software
<input type="checkbox"/> AREV
<input type="checkbox"/> Calculator
<input type="checkbox"/> 10-Key Adding Machine
<input type="checkbox"/> MS Outlook
<input type="checkbox"/> MS Word
<input type="checkbox"/> MS Excel
<input type="checkbox"/> MS PowerPoint
<input type="checkbox"/> Switchboard (Type _____)
<input type="checkbox"/> Typewriter (_____ wpm)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|---|--|--|

APPLICANT’S CERTIFICATION – Please Read Carefully Before Signing

I certify that the statements made by me on this application form and in the supplementary material furnished are true, correct and complete to the best of my knowledge and belief. I understand that any omission or misrepresentation of material fact may result in refusal or separation from employment. I understand that employment with Wisenbaker Builder Services, Inc. requires drug screening prior to employment and agree to submit to a drug screen upon request and to cooperate fully in supplying requested information. I understand that Wisenbaker Builder Services, Inc. conducts background investigation prior to employment and agree to supply the information required by Wisenbaker Builder Services, Inc. to conduct a background investigation. I further understand that this background investigation may include, but may not be limited to, criminal conviction records, employment history verification, educational verification, social security number verification, etc. I hereby authorize the release of any information concerning me, written or not, in the possession of my present and former employers (if contact is specifically authorized above), supervisors, co-workers, physicians, schools and any others who might be contacted by the company or its representative with reference to my employment, and I hereby release them from any liability whatsoever. I understand that Wisenbaker Builder Services, Inc. is committed to providing a smoke free work environment.

If employed, I will comply with all of the company’s rules, regulations, policies and procedures. I understand that my employment can be terminated with or without cause, with out liability to me for wages or salary, and with or without notice, by either the company or myself. I further understand that no representative of this company, except the President and General Managers have the authority to enter into any employment agreement contrary to the foregoing.

Signature of Applicant

Date

WISEBAKER BUILDER SERVICES, INC.

1703 Westfield Loop
Houston, Texas 77073
281/233-4000
www.wisenbaker.com

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date: _____ Position Applying: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Check One For Each Category

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Race/Ethnicity	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan Native
Vietnam Era Veteran	Vietnam Era Veteran means a veteran, any part of whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or was discharged or released from active duty because of a service connected disability.			Do You Qualify As A Vietnam Era Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Disabled Veteran	Special Disabled Veteran means a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability rated at 30 percent or more or rated at 10 to 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, USC to have a serious employment disability; or who was discharged or released from active duty for a disability incurred or aggravated in the line of duty.			Do You Qualify As A Special Disabled Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Individual	Disabled Individual means a person who has a physical or mental impairment, which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.			Do You Qualify As A Disabled Individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No