



Employment Application
 Associated Drywall Partners
 2920 N. Arlington Ave. Ste. A
 Indianapolis, IN 46218
 An Equal Opportunity Employer



Please Print					
NAME (FIRST, MIDDLE, LAST)			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Permanent Address (if different from present address) City State Zip Code			(Area Code) Phone ()		
Employment Desired.			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
If hired, can you submit certification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Referral Source:		
<p>Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No If no, describe the functions that cannot be performed.</p> <hr/> <p>Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.</p>					
<p>Have you ever been <i>convicted</i> of a criminal offense (felony or serious misdemeanor)? Yes No If yes, state nature of the crime(s), when and where convicted and disposition of the case.</p> <hr/> <p>Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.</p>					
Personal Information					
Have you ever worked for this company under your current name or any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out below: Name (if different): Dates:					
EDUCATION	Name & Address	Course Major	Did You Graduate	Years Completed	Degree Received
High School					
College					
Graduate School					
Technical, Business, Vocational School					
List any foreign languages and proficiency (read, write, speak).					
List any certificates or licenses obtained and date received.					
REFERENCES: List professional references that we may contact. Exclude friends and relatives.					
Name		Company/Address			
Relationship		Phone		Years Known	
Name		Company/Address			
Relationship		Phone		Years Known	
Name		Company/Address			
Relationship		Phone		Years Known	

EMPLOYMENT HISTORY PLEASE PRINT

THIS SECTION MUST BE COMPLETED –List below a present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods o unemployment. You must complete this section even if attaching a resume. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

1.	COMPANY OR ORGANIZATION			JOB TITLE / POSITION		PHONE
FROM (MO-YR.)	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP		SUPERVISOR	REASON FOR LEAVING	
DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)					SALARY- STARTING	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					SALARY-END	
2.	COMPANY OR ORGANIZATION			JOB TITLE / POSITION		PHONE
FROM (MO-YR.)	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP		SUPERVISOR	REASON FOR LEAVING	
DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)					SALARY- STARTING	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					SALARY-END	
3.	COMPANY OR ORGANIZATION			JOB TITLE / POSITION		PHONE
FROM (MO-YR.)	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP		SUPERVISOR	REASON FOR LEAVING	
DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)					SALARY- STARTING	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					SALARY-END	
4.	COMPANY OR ORGANIZATION			JOB TITLE / POSITION		PHONE
FROM (MO-YR.)	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP		SUPERVISOR	REASON FOR LEAVING	
DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)					SALARY- STARTING	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					SALARY-END	
5.	COMPANY OR ORGANIZATION			JOB TITLE / POSITION		PHONE
FROM (MO-YR.)	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP		SUPERVISOR	REASON FOR LEAVING	
DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)					SALARY- STARTING	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					SALARY-END	
6.	COMPANY OR ORGANIZATION			JOB TITLE / POSITION		PHONE
FROM (MO-YR.)	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP		SUPERVISOR	REASON FOR LEAVING	
DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)					SALARY- STARTING	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					SALARY-END	

EMPLOYMENT CHECKLIST

Check off the tools that you own:

- | | | |
|--|--|---|
| <input type="checkbox"/> Steel-toed Boots | <input type="checkbox"/> Gloves | <input type="checkbox"/> Hard Hat |
| <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Ear Plugs | <input type="checkbox"/> Tool Pouch |
| <input type="checkbox"/> Respirator/Dust Mask | <input type="checkbox"/> Hammer | <input type="checkbox"/> Speed Square |
| <input type="checkbox"/> Framing L Square | <input type="checkbox"/> Small L Square | <input type="checkbox"/> 4' T Square |
| <input type="checkbox"/> Phillips Screwdriver | <input type="checkbox"/> Flat Head Screwdriver | <input type="checkbox"/> Nail Set Punch |
| <input type="checkbox"/> Crescent Wrenches | <input type="checkbox"/> Linesman Pliers | <input type="checkbox"/> 4' Level |
| <input type="checkbox"/> 6' Level | <input type="checkbox"/> Torpedo Level | <input type="checkbox"/> Utility Knife |
| <input type="checkbox"/> Compass or Scribing Tool | <input type="checkbox"/> Drywall Shurform Rasp | <input type="checkbox"/> Pencils |
| <input type="checkbox"/> Markers | <input type="checkbox"/> Tape Measure 20'-24' | <input type="checkbox"/> Chalk Box |
| <input type="checkbox"/> Wood Rule | <input type="checkbox"/> 100' Tape | <input type="checkbox"/> Floor Lift |
| <input type="checkbox"/> Screw Gun | <input type="checkbox"/> Router-Drywall | <input type="checkbox"/> Drill Motor |
| <input type="checkbox"/> Tin Snips | <input type="checkbox"/> Extension Cords | <input type="checkbox"/> Plumb-Bob |
| <input type="checkbox"/> Hilti Gun or Equal | <input type="checkbox"/> Sheetrock Saw | <input type="checkbox"/> Keyhole Saw |
| <input type="checkbox"/> C Clamp-Small | <input type="checkbox"/> C Clamp-Large | <input type="checkbox"/> Circle Cutter |
| <input type="checkbox"/> Whitney Punch | <input type="checkbox"/> Pop Rivet Gun | <input type="checkbox"/> Taping Pan |
| <input type="checkbox"/> Mixing Paddle | <input type="checkbox"/> Sanding Pole | <input type="checkbox"/> Banjo |
| <input type="checkbox"/> Bazooka | <input type="checkbox"/> 6" Box | <input type="checkbox"/> 10" Box |
| <input type="checkbox"/> 12" Box | <input type="checkbox"/> Allen Wrenches | <input type="checkbox"/> Power Saw (i.e. Skill Saw) |
| <input type="checkbox"/> Dikes | <input type="checkbox"/> Hammer Drill | <input type="checkbox"/> Laser |
| <input type="checkbox"/> Tool Box | <input type="checkbox"/> Gang Box | <input type="checkbox"/> 6" Taping Knife/Blade |
| <input type="checkbox"/> 10" Taping Knife or Blade | <input type="checkbox"/> 12" Taping Knife or Blade | <input type="checkbox"/> Stilts |
| <input type="checkbox"/> Bead Clinching Tool | | |

Check all work you have experience in performing:

- | | | |
|---|---|--|
| <input type="checkbox"/> Demountable Walls | <input type="checkbox"/> Wood Framing | <input type="checkbox"/> Metal Framing |
| <input type="checkbox"/> Drywall Hanging | <input type="checkbox"/> Drywall Finishing | <input type="checkbox"/> EIFS (Dryvit) |
| <input type="checkbox"/> Stucco or Plaster | <input type="checkbox"/> Roofing | <input type="checkbox"/> Door Hanging |
| <input type="checkbox"/> Installation of Wood or Metal | <input type="checkbox"/> Interior Finish Carpentry | <input type="checkbox"/> Door Hardware |
| <input type="checkbox"/> Door Frames (Hollow Metal) | <input type="checkbox"/> Acoustical Ceilings | <input type="checkbox"/> Acoustical Wall Panels |
| <input type="checkbox"/> Specialty Ceilings | <input type="checkbox"/> Heavy Equipment Experience | <input type="checkbox"/> Scissor Lift Experience |
| <input type="checkbox"/> Boom Lift Experience | <input type="checkbox"/> Concrete | <input type="checkbox"/> Read Blueprints |
| <input type="checkbox"/> Hilti Certified _____ Yes _____ No | | |
| <input type="checkbox"/> Welding Certified _____ Yes _____ No | | |

What best describes the construction projects you have previously worked on? Number from 1-10 in order of the most experience with "10" being the most experience.

- | | | |
|--|--|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Hotels/Motels | <input type="checkbox"/> Event Centers |
| <input type="checkbox"/> Stadiums | <input type="checkbox"/> Schools | <input type="checkbox"/> Office Buildings |
| <input type="checkbox"/> High Rise Dwellings | <input type="checkbox"/> Refineries | <input type="checkbox"/> Hospitals |
| <input type="checkbox"/> Shopping Centers | | |

What do you consider yourself?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Drywall Helper | <input type="checkbox"/> Drywall Hanger | <input type="checkbox"/> Frammer |
| <input type="checkbox"/> Framing Helper | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Finisher | <input type="checkbox"/> Finisher Helper |
| <input type="checkbox"/> Door Hanger | <input type="checkbox"/> Foreman | <input type="checkbox"/> Assistant Foreman | <input type="checkbox"/> Superintendent |

Can you operate the following? _____ Laser _____ Transit _____ Water Level

Approximately how many years experience do you have in construction?

- _____ 1 Year _____ 2 Years _____ 3-5 Years
_____ 5-10 Years _____ Over 10 Years

What languages do you speak? _____ English _____ Spanish _____ Other

Applicant Name: _____ (Please Print) Signature: _____ Date _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapsed before discovery.

_____ I hereby authorize the company to investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Associated Drywall Partners any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Associated Drywall Partners from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in this application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between Associated Drywall Partners and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on Associated Drywall Partners unless made in writing and signed by me and the company's designated representative.

Applicant's Signature: _____ **Date:** _____

APPLICATIONS WITHOUT SIGNATURES WILL BE DENIED