

SCHOMMER CONSTRUCTION LLC

410 S. 19th Street, Colorado Springs, CO 80904

Phone 719-687-3621, Fax 719-687-4045

APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
ADDRESS	APT NO.	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER			

DESIRED EMPLOYMENT

POSITION APPLYING FOR	DATE YOU CAN START	DESIRED SALARY
Type of work you can do. Please check all that apply: <input type="checkbox"/> Framing <input type="checkbox"/> Hang Drywall <input type="checkbox"/> Finishing <input type="checkbox"/> Install Insulation <input type="checkbox"/> Acoustical Ceilings <input type="checkbox"/> Welding <input type="checkbox"/> Sound/Wall Panels		
Are you able to repetitively lift 50+ pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list tools you have/own:		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# OF YRS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE OR TRADE				

SERVICE RECORD

BRANCH OF SERVICE	RANK	DISCHARGE DATE
DUTIES WHILE IN SERVICE		

FORMER EMPLOYERS

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	SUPERVISOR	MAY WE CONTACT SUPER <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES PERFORMED:				

NAME OF PREVIOUS				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	SUPERVISOR	MAY WE CONTACT SUPER <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES PERFORMED:				

NAME OF PREVIOUS				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	SUPERVISOR	MAY WE CONTACT SUPER <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES PERFORMED:				

REFERENCES

NAME	ADDRESS & PHONE	TYPE OF BUSINESS	YEARS ACQUAINTED

DATE

SIGNATURE