



Application for Employment

Reviewed by:	
Date:	

Equal Employment Opportunity (EEO) Statement

JSR, Inc. is an equal opportunity organization. We recruit, employ, train, compensate, and promote without regard to race, religion, color, national origin, age, gender, sexual orientation, gender identity, marital status, disability, protected veteran status, or any other basis protected by applicable federal, state or local law.

Application Instructions

Thank you for your interest in joining the JSR, Inc. team! Please complete all sections of this application. If a question does not apply to you, write 'N/A.' Be sure to sign and date the application before submitting. You may attach a résumé, certifications, or other supporting documents, but they do not replace the required fields below.

Applicant Note

This application does not constitute an offer of employment or an employment contract, either express or implied. I understand that any false, misleading, or incomplete information provided in this application or during the hiring process may result in the rejection of my application or, if employed, the termination of my employment. I further acknowledge that certain positions may require additional job-related skills assessments. Upon a conditional offer of employment, you will be required to submit to drug and/or alcohol testing. Additionally, depending on the position and job duties, a background investigation may be conducted.

Position(s) applied for		Expected Pay	
Print full name			
Street address		City	State
Main phone number	Alt. phone number	Email	

Education

Describe your educational background in the table provided below.

	School name	Diploma/degree (Yes/No)	Course of Study
High school			
College/ university			
Graduate/ professional school			
Trade school			
Other			

Employment Experience

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give company name and supply business references. Add an additional page if necessary.

Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

Skills and Qualifications

- Construction Skills (check all that apply):
☐ Estimating ☐ Project Management ☐ Auto CADD ☐ Supervision ☐ Millwork ☐ Carpentry ☐ Concrete
☐ Drywall ☐ Electrical ☐ Plumbing ☐ Heavy Equipment Operation ☐ Painting ☐ Welding ☐ Framing
☐ Roofing ☐ Sitework/Excavation ☐ Finish Work ☐ General Labor ☐ Safety Compliance
☐ Blueprint Reading ☐ Other (please specify): _____
- Tools/Equipment Operated: _____
- Construction Certifications (check all that apply):
☐ OSHA 10 ☐ OSHA 30 ☐ First Aid/CPR ☐ Forklift Certification ☐ NCCER ☐ CDL License
☐ Other (please specify): _____

Skills Assessment

Please indicate your experience level in the following areas:

Skill Area	Years of Experience	Capacity/Role (check all that apply)
General Construction	_____ years	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Carpentry (Rough)	_____ years	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Carpentry (Finish)	_____ years	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Welding		
<input type="checkbox"/> Stick <input type="checkbox"/> MIG <input type="checkbox"/> TIG		
<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Aluminum	_____ years	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Lead Welder <input type="checkbox"/> Fabricator <input type="checkbox"/> Supervisor
<input type="checkbox"/> Stainless Steel		
Structural Steel Installation	_____ years	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Lead <input type="checkbox"/> Supervisor
Concrete Work (Forming/Finishing)	_____ years	<input type="checkbox"/> Laborer <input type="checkbox"/> Finisher <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Cabinet Fabrication	_____ years	<input type="checkbox"/> Laborer <input type="checkbox"/> Finisher <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Countertop Fabrication	_____ years	<input type="checkbox"/> Laborer <input type="checkbox"/> Finisher <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Drywall Installation & Finishing	_____ years	<input type="checkbox"/> Laborer <input type="checkbox"/> Finisher <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Roofing	_____ years	<input type="checkbox"/> Laborer <input type="checkbox"/> Installer <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Framing (Wood/Metal Stud)	_____ years	<input type="checkbox"/> Laborer <input type="checkbox"/> Finisher <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Heavy Equipment Operation	_____ years	<input type="checkbox"/> Operator <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Plumbing (Residential/Commercial)	_____ years	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Lead <input type="checkbox"/> Supervisor
Electrical (Residential/Commercial)	_____ years	<input type="checkbox"/> Apprentice <input type="checkbox"/> Journeyman <input type="checkbox"/> Lead <input type="checkbox"/> Supervisor
Sitework/Excavation	_____ years	<input type="checkbox"/> Laborer <input type="checkbox"/> Operator <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor
Blueprint Reading	_____ years	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
CADD Drafting	_____ years	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Project Supervision/Management	_____ years	<input type="checkbox"/> Foreman <input type="checkbox"/> Superintendent <input type="checkbox"/> Project Manager
Safety Compliance/OSHA Practices	_____ years	<input type="checkbox"/> Basic Training <input type="checkbox"/> Advanced <input type="checkbox"/> Trainer/Instructor

Additional Skills and Information

Please list any other skills, training, certifications, licenses, language abilities, or additional information you would like us to consider:

Business and Professional References

List three professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email

General Information

1. How did you learn about our company? _____
2. Have you ever worked for this company before? ☐ Yes ☐ No
If yes, provide dates and position: _____
3. Do you have friends and/or relatives working for this company? ☐ Yes ☐ No
If yes, name(s) and relationship(s): _____
4. On what date are you available to begin work? _____

5. Days/hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

6. Are you available to work? ☐ Full time ☐ Part time ☐ Shift work ☐ Temporary
7. If hired, do you have a reliable means of transportation to and from work? ☐ Yes ☐ No
8. Do you have a valid driver's license? ☐ Yes ☐ No
9. Are you insurable under a company vehicle insurance policy? ☐ Yes ☐ No
10. Are you able to pass a pre-employment drug-screen? ☐ Yes ☐ No
11. Can you travel if the position requires it? ☐ Yes ☐ No
12. Can you relocate if the position requires it? ☐ Yes ☐ No
13. Are you at least 18 years old? ☐ Yes ☐ No
Note: If under 18, hire is subject to verification that you are of minimum legal age.
14. If hired, can you present evidence of your identity and legal right to work in this country?
☐ Yes ☐ No
15. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Applicant Statement and Agreement

Read and initial each paragraph below. Ask if there is anything that you do not understand.

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

_____ In the event of my employment with the company, I understand that I am required to comply with all the rules and regulations of the company.

_____ If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I 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 on 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 elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agreed to all the above terms.

Signature: _____

Name (print): _____

Date: _____

Invitation to Self-Identify

INVITATION TO SELF-IDENTIFY

Name: _____

How did you learn about JSR, Inc.? _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

JSR, Inc. is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action, and a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). To implement these policies and to respond to federal affirmative action recordkeeping and reporting requirements, it is important that the following information be gathered from all applicants and employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and be used primarily for government reporting purposes.

RACE/ETHNIC GROUPS: Are you Hispanic or Latino? Yes ☐ No ☐

If you answered "No" to the question "Are you Hispanic or Latino?" please check the applicable race box:

- ☐ White (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ American Indian or Alaska Native (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ Two or More Races – All persons who identify with more than one of the above five races. (Not Hispanic or Latino)
- ☐ I choose not to identify

SEX: ☐ Male ☐ Female ☐ I choose not to identify

VETERAN STATUS:

As a Government contractor, we take affirmative action to employ and advance in employment protected veterans. Classifications of protected veteran are defined as follows:

- A "disabled veteran" is either a veteran of the U.S. military, ground, naval or air service 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 Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "[active duty wartime or campaign badge veteran](#)" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "[armed forces service medal veteran](#)" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

- ☐ I identify as one or more of the classifications of *protected veteran* listed above.
- ☐ I am **not** a *protected veteran*.
- ☐ I choose not to identify

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorders, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____