



## 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<br>(Yes/No) | Course of Study |
|----------------------------------|-------------|----------------------------|-----------------|
| High school                      |             |                            |                 |
| College/<br>university           |             |                            |                 |
| Graduate/<br>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:

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## 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

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

5. Days/hours available to work:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

- Are you available to work? ☐ Full time ☐ Part time ☐ Shift work ☐ Temporary
- If hired, do you have a reliable means of transportation to and from work? ☐ Yes ☐ No
- Do you have a valid driver's license? ☐ Yes ☐ No
- Are you insurable under a company vehicle insurance policy? ☐ Yes ☐ No
- Are you able to pass a pre-employment drug-screen? ☐ Yes ☐ No
- Can you travel if the position requires it? ☐ Yes ☐ No
- Can you relocate if the position requires it? ☐ Yes ☐ No
- 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.
- If hired, can you present evidence of your identity and legal right to work in this country?  
☐ Yes ☐ No
- 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