

## APPLICATION FOR EMPLOYMENT

This application form is intended for use in evaluating your qualifications for employment only. It is not an employment contract. Cy-Con, Inc. considers all qualified applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

**DIRECTIONS:** Fill out all questions completely and accurately. Incomplete or illegible applications will not be processed.

BACKGROUND INFORMATION <i>(Please Print)</i>	
Name: _____ <small>First, Middle, Last</small>	E-mail: _____
Other names you have used: _____	
Social Security #: _____	Today's Date: _____
Current Address: _____ <small>Street, Apt #</small>	Home Phone: _____ <small>(Including Area Code)</small>
_____ <small>City, State &amp; Zip code</small>	Work Phone: _____ <small>(Including Area Code)</small>
Previous Address: _____ <small>Street, Apt #</small>	Cell Phone: _____ <small>(Including Area Code)</small>
_____ <small>City, State &amp; Zip code</small>	Message No: _____ <small>(Including Area Code)</small>

GENERAL INFORMATION <i>(Please Print)</i>
List states of residence during the last seven years: _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for work or been employed by Cy-Con, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state date/position: _____
Do you have any friends or relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____
How did you hear about this opportunity? _____
<input type="checkbox"/> Referral Name _____
<input type="checkbox"/> Advertisement Where _____
<input type="checkbox"/> Search Firm Name _____
<input type="checkbox"/> School Name _____
<input type="checkbox"/> Cy-Con Website
<input type="checkbox"/> Other List _____
Are you at least eighteen (18) years old (or otherwise able to submit proof of eligibility of employment under child protection or related labor laws)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work out of state? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the position for which you are applying requires travel, what percent are you available to travel? _____%
Can you show proof of your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense (other than minor traffic violations or juvenile offenses) within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the nature of the offense, location (city, county, state) and date of the conviction (a criminal conviction will not automatically disqualify you from consideration for employment) _____

**WORK DESIRED**

Position Applying For: \_\_\_\_\_  Full Time  Part Time – Specify Availability \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ What Local Union do you belong to: \_\_\_\_\_

Current Salary: \_\_\_\_\_ Current Bonus % Potential: \_\_\_\_\_

Salary Expectations: \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?  Yes  No

**OTHER RELEVANT INFORMATION** (Applicant Note: For any part of this section you believe to be non-job related, enter N/A.)

What languages do you speak fluently? \_\_\_\_\_

Do you have reliable transportation to and from the work site?  Yes  No

If the job requires it, do you have the appropriate driver's license?  Yes  No  
DL # \_\_\_\_\_ Type: D C B A (circle as appropriate) State of Issuance: \_\_\_\_\_

Have you had any moving violations in the last seven years?  Yes  No  
If yes, please list: \_\_\_\_\_

Enter the **number of years** you either operated the particular equipment or performed the work listed below:

<b>Equipment</b>	<b>Carpentry</b>	<b>Taping</b>
_____ Forklift/Rough Terrain Lift	_____ Steel Stud (Interior)	_____ Beadwork
_____ Scissorlift	_____ Steel Stud (Exterior)	_____ Bazooka & Boxes
_____ Boom Basket	_____ Welding (Certified)	_____ Spray Texture
_____ Suspended Scaffold	_____ Layout	_____ Skim Coat
_____ Monokote Pump	_____ Wood Framing	_____ Sanding
_____ Caftco Pump	_____ Interior Finish Work	_____ Aluminum Reveals
_____ Track Bender	_____ ACT	
_____ Powder Activated Tool	_____ Sheetrocking	
_____ Bazooka & Boxes	_____ Scaffold Erection	
_____ Laser	_____ Soffit work	
_____ Cement Mixer		
_____ Welder		
<b>Laborer/Tender</b>	<b>Lather</b>	<b>Plasterer</b>
_____ Clean-up	_____ Suspended Ceiling	_____ E.I.F.S.
_____ Mix Cement	_____ Tying Lath	_____ Putty coat
_____ Mix Plaster	_____ Nail Lath	_____ Cement Stucco
_____ Monokote Pump	_____ Beadwork	_____ Spray Monokote
_____ Caftco Pump	_____ Layout	_____ Spray Caftco
_____ Scaffold Erection	_____ Steel Stud Framing	_____ Ornamental Plaster
_____ Forklift/Rough Terrain	_____ Rocking	
_____ Mechanical Ability	_____ Welding	

Please list all other skills, licenses, or certificates that you feel would be of value to this job or company (i.e., CPR, Hilti, OSHA 10, Scissorlift, Welding): \_\_\_\_\_

Please indicate other relevant training not listed previously: \_\_\_\_\_

Please indicate other relevant software programs you know or equipment you can operate, that are not listed previously: \_\_\_\_\_

Are you subject to a restrictive covenant (e.g., noncompete and/or non-solicitation agreement) with any current or former employer?  Yes  No If yes, please provide a copy.

Are you subject to a confidentiality and/or nondisclosure agreement with any current or former employer?  Yes  No If yes, please provide a copy.

EDUCATION									
Please circle highest grade completed:    GED    10    11    12    13    14    15    16    16+									
School Name	Address / City / State				Did you graduate?		Degree / Major		
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				
					<input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT RECORD	
List your previous employers in the last seven years in sequential order, with most recent first, and identify any periods of unemployment. Include relevant military or unpaid work experience, if any. Use additional sheets as necessary.	
Employer #1:	
Employer Name: _____	Supervisor's Name: _____
Phone #: _____	Supervisor's Title: _____
Title _____	Supervisor's Phone: _____
Dates To / From _____	Reason for Leaving: _____
Salary Start / End _____	_____
Responsibilities & Accomplishments: _____	_____
Employer #2:	
Employer Name: _____	Supervisor's Name: _____
Phone #: _____	Supervisor's Title: _____
Title _____	Supervisor's Phone: _____
Dates To / From _____	Reason for Leaving: _____
Salary Start / End _____	_____
Responsibilities & Accomplishments: _____	_____
Employer #3:	
Employer Name: _____	Supervisor's Name: _____
Phone #: _____	Supervisor's Title: _____
Title _____	Supervisor's Phone: _____
Dates To / From _____	Reason for Leaving: _____
Salary Start / End _____	_____
Responsibilities & Accomplishments: _____	_____

Employer #4:	
Employer Name: _____	Supervisor's Name: _____
Phone #: _____	Supervisor's Title: _____
Title _____	Supervisor's Phone: _____
Dates To / From _____	Reason for Leaving: _____
Salary Start / End _____	_____
Responsibilities & Accomplishments: _____	

REFERENCES			
Please list a minimum of three people who are not related to you, who could answer questions regarding your work performance. At least one person should be a current / former direct supervisor.			
Name	Title/Company	Phone No.	Years Known & In What Capacity

CANDIDATE STATEMENT
<p>I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that the omission of fact, misrepresentation, providing false or misleading information given in my application, or my resume, or during any stage of the hiring process may result in termination of my employment.</p> <p>I authorize Cy-Con, Inc. to conduct an inquiry into the information contained in this application if I am considered for employment. I authorize my current and former employers and educational institutions to provide information about me. I hereby release Cy-Con, Inc. and its representatives from all liability for seeking such information and all other persons and/or entities from furnishing such information. I hereby waive any privilege I may have to such information. I also understand that my employment is conditional upon acceptable references and background check.</p> <p>I understand that Cy-Con, Inc. will consider this application only for the open position(s) I have specified. I understand that I am required to apply for any other open positions at Cy-Con, Inc. for which I wish to be considered.</p> <p>I understand that any employment relationship established with Cy-Con, Inc. is of an at-will nature; which means that I have the right to terminate my employment at any time, for any reason or no reason, with or without prior notice. Cy-Con, Inc. retains the same right regarding the termination of my employment at any time for any reason, with or without prior notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by a company officer. I understand that an offer of employment is conditional on my providing documentation necessary to establish my identity and eligibility to work in the United States in accordance with the requirements of the Immigration and Naturalization Services I-9 form, and completion of the company's standard employee agreement concerning patents and confidential information.</p> <p>Once hired I am required to attend a pre-placement medical examination and drug screen to verify that I am able to safely perform the job duties as per the job description I have signed.</p> <p>In consideration of my employment, I agree to abide by all policies and regulations of the Company.</p> <p>My signature is evidence that I have read, understood, and agree with the above statements.</p> <p>Date: _____ Signature: _____</p>