

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

GENERAL INFORMATION (Please Print)	
List states of residence during the last seven years: <input type="text"/>	
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: <input type="text"/>	
Do you have any friends or relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: <input type="text"/>	
How did you hear about this opportunity? <input type="text"/>	
<input type="checkbox"/> Referral	Name <input type="text"/>
<input type="checkbox"/> Advertisement	Where <input type="text"/>
<input type="checkbox"/> Search Firm	Name <input type="text"/>
<input type="checkbox"/> School	Name <input type="text"/>
<input type="checkbox"/> Cy-Con Website	
<input type="checkbox"/> Other	List <input type="text"/>
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? <input type="text"/> %	
Can you show proof of your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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>
<input type="checkbox"/> Forklift/Rough Terrain Lift	<input type="checkbox"/> Steel Stud (Interior)	<input type="checkbox"/> Beadwork
<input type="checkbox"/> Scissorlift	<input type="checkbox"/> Steel Stud (Exterior)	<input type="checkbox"/> Bazooka & Boxes
<input type="checkbox"/> Boom Basket	<input type="checkbox"/> Welding (Certified)	<input type="checkbox"/> Spray Texture
<input type="checkbox"/> Suspended Scaffold	<input type="checkbox"/> Layout	<input type="checkbox"/> Skim Coat
<input type="checkbox"/> Monokote Pump	<input type="checkbox"/> Wood Framing	<input type="checkbox"/> Sanding
<input type="checkbox"/> Caftco Pump	<input type="checkbox"/> Interior Finish Work	<input type="checkbox"/> Aluminum Reveals
<input type="checkbox"/> Track Bender	<input type="checkbox"/> ACT	
<input type="checkbox"/> Powder Activated Tool	<input type="checkbox"/> Sheetrocking	
<input type="checkbox"/> Bazooka & Boxes	<input type="checkbox"/> Scaffold Erection	
<input type="checkbox"/> Laser	<input type="checkbox"/> Soffit work	
<input type="checkbox"/> Cement Mixer		
<input type="checkbox"/> Welder		
<b>Laborer/Tender</b>	<b>Lather</b>	<b>Plasterer</b>
<input type="checkbox"/> Clean-up	<input type="checkbox"/> Suspended Ceiling	<input type="checkbox"/> E.I.F.S.
<input type="checkbox"/> Mix Cement	<input type="checkbox"/> Tying Lath	<input type="checkbox"/> Putty coat
<input type="checkbox"/> Mix Plaster	<input type="checkbox"/> Nail Lath	<input type="checkbox"/> Cement Stucco
<input type="checkbox"/> Monokote Pump	<input type="checkbox"/> Beadwork	<input type="checkbox"/> Spray Monokote
<input type="checkbox"/> Caftco Pump	<input type="checkbox"/> Layout	<input type="checkbox"/> Spray Caftco
<input type="checkbox"/> Scaffold Erection	<input type="checkbox"/> Steel Stud Framing	<input type="checkbox"/> Ornamental Plaster
<input type="checkbox"/> Forklift/Rough Terrain	<input type="checkbox"/> Rocking	
<input type="checkbox"/> Mechanical Ability	<input type="checkbox"/> 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: <input type="checkbox"/> GED <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 16+				
School Name	Address / City / State	Did you graduate?		Degree / Major
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	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: <input type="text"/>	Supervisor's Name: <input type="text"/>
Phone #: <input type="text"/>	Supervisor's Title: <input type="text"/>
Title: <input type="text"/>	Supervisor's Phone: <input type="text"/>
Dates To / From: <input type="text"/>	Reason for Leaving: <input type="text"/>
Salary Start / End: <input type="text"/>	
Responsibilities & Accomplishments: <input type="text"/>	
Employer #2:	
Employer Name: <input type="text"/>	Supervisor's Name: <input type="text"/>
Phone #: <input type="text"/>	Supervisor's Title: <input type="text"/>
Title: <input type="text"/>	Supervisor's Phone: <input type="text"/>
Dates To / From: <input type="text"/>	Reason for Leaving: <input type="text"/>
Salary Start / End: <input type="text"/>	
Responsibilities & Accomplishments: <input type="text"/>	
Employer #3:	
Employer Name: <input type="text"/>	Supervisor's Name: <input type="text"/>
Phone #: <input type="text"/>	Supervisor's Title: <input type="text"/>
Title: <input type="text"/>	Supervisor's Phone: <input type="text"/>
Dates To / From: <input type="text"/>	Reason for Leaving: <input type="text"/>
Salary Start / End: <input type="text"/>	
Responsibilities & Accomplishments: <input type="text"/>	

Employer #4:			
Employer Name:	<input type="text"/>	Supervisor's Name:	<input type="text"/>
Phone #:	<input type="text"/>	Supervisor's Title:	<input type="text"/>
Title:	<input type="text"/>	Supervisor's Phone:	<input type="text"/>
Dates To / From:	<input type="text"/>	Reason for Leaving:	<input type="text"/>
Salary Start / End:	<input type="text"/>		
Responsibilities & Accomplishments:	<input type="text"/>		
	<input type="text"/>		

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: <input type="text"/> Signature: <input type="text"/></p>