



P.O. BOX 1101
 46 ROMNEY STREET
 CHARLESTON, SC 29402
 (843) 722-1101

PRE-EMPLOYMENT
 QUESTIONNAIRE
 AN EQUAL
 OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

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

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
WHO REFERED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER			

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGHSCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

SERVICE

QUALITY

HONESTY

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PALMETTO CRAFTSMEN, INC.

P.O. BOX 1101

CHARLESTON, SC 29402

CONFIDENTIAL REFERENCE REQUEST

TO BE COMPLETED BY APPLICANT			
NAME (PRINT)		IF NAME DIFFERENT WHILE IN JOB/SCHOOL, INDICATE	
SOCIAL SECURITY NUMBER	I HAVE APPLIED FOR A POSITION AS		
I HAVE MADE APPLICATION FOR EMPLOYMENT AT PALMETTO CRAFTSMEN, INC. I REQUEST YOU TO RELEASE ALL INFORMATION REQUESTED BELOW CONCERNING MY EMPLOYMENT RECORD, REASON FOR LEAVING YOUR EMPLOY, OR MY EDUCATION. I HEREBY RELEASE PALMETTO CRAFTSMEN, INC., MY PERSONAL REFERENCES, MY FORMER EMPLOYERS AND SCHOOLS, AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER FOR FURNISHING THIS INFORMATION.			
SIGNATURE _____		DATE _____	
SCHOOL REFERENCE: DATES ATTENDED FROM: _____ TO: _____		GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE AWARDED
EMPLOYMENT REFERENCE: POSITION HELD		DEPARTMENT	
IMMEDIATE SUPERVISOR'S NAME		EMPLOYMENT DATES: FROM _____ TO _____	
REASON FOR LEAVING <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RESIGNED <input type="checkbox"/> LAID OFF		IF DISCHARGED EXPLAIN:	

FORMER EMPLOYER OR SCHOOL - Please complete the following. Thank you.					
IS THE ABOVE INFORMATION CORRECT? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, give correct information: _____					
PLEASE CHECK	EXCEL.	GOOD	FAIR	POOR	COMMENTS:
ATTITUDE					
QUALITY OF WORK					
COOPERATION					
ATTENDANCE					
WOULD YOU RECOMMEND FOR EMPLOYMENT?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER ONLY: LAST RATE OF PAY			WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDITIONAL COMMENTS:					

_____ SIGNATURE OF EMPLOYER OR SCHOOL REPRESENTATIVE	_____ TITLE
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TO ASSIST US IN CONSIDERING THE ABOVE INDIVIDUAL FOR EMPLOYMENT, PLEASE COMPLETE AND RETURN THIS REPORT <u>PROMPTLY</u> IN THE ENCLOSED ENVELOPE. YOUR REPLY WILL BE HELD IN <u>STRICT CONFIDENCE</u> . THANK YOU FOR YOUR COOPERATION.	
_____ SIGNATURE OF EMPLOYMENT REPRESENTATIVE	_____ DATE

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOW AT LEAST ONE YEAR.

NAME		PHONE	YEARS ACQUAINTED
ADDRESS	CITY	STATE	ZIP
NAME		PHONE	YEARS ACQUAINTED
ADDRESS	CITY	STATE	ZIP
NAME		PHONE	YEARS ACQUAINTED
ADDRESS	CITY	STATE	ZIP

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHOURZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE PALMETTO CRAFTSMEN, INC. FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I SO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF PALMETTO CRAFTSMEN, INC. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED PALMETTO CRAFTSMEN, INC. REPRESENTATIVE."

DATE _____ SIGNATURE _____

PALMETTO CRAFTSMEN, INC. SKILLS SURVEY

APPLICANT NAME: _____
 DATE: _____
 JOB DESCRIPTION: _____

SPECIFIC TRAINING: _____
 CERTIFICATES/ LICENSES: _____

REMARKS: _____

Please rate yourself on all of the listed items. If you have no experience, mark "NONE" rather than leaving blank. If you have additional skills not listed add them to the correct division.

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 1: GENERAL REQUIREMENTS					
Accounting					
Computer Skills					
Letter Writing					
Spelling					
Typing					
Project Schedules					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 2: SITEWORK					
Bobcat					
Cherry Picker					
Dozer					
Fencing					
a. Chain Link					
b. Wood					
Field Level					
Forklift					
Foundations					
Loader					
Lull					
Manual Grading					
Scaffold Erection					
Tractor					
Transit					
Truck					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 3: CONCRETE					
Concrete Forming					
Concrete Finish					
Reinforcing Steel					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 4: MASONRY					
Brick					
Pavers					
Brick Repointing					
Concrete Block					
Glass Block					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 5: METALS					
Flashing					
Metal Break					
Structural Steel					
Sheet Metal					
Welding					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 6: WOODS & PLASTICS					
Cabinets					
Cornice					
Forms					
Framing General					
Handrails					
Interior Trim					
Laminates					
Siding					
Stairs					
Wood Floors					
Exterior Trim					
Decks					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 7: THERMAL & MOISTURE PROTECTION					
Insulation					
Roofing					
a. Shingle					
b. Metal					
c. Rubber					
d. Slate					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 8: DOORS & WINDOWS					
Doors					
Glazing					
Hardware					
Windows					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 9: FINISHES					
Caulking					
Painting					
Plaster					
Drywall Finish					
Drywall Hanging					
Staining					
Wood Prep					
Wall Paper					
Wall Prep & Repair					
Stucco					
Metal Stud Framing					
Ceramic Tile					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 15: MECHANICAL					
HVAC Repairs					
Plumbing Rough					
Plumbing Fixtures					

Skill	EXLNT	GOOD	FAIR	POOR	NONE
DIVISION 16: ELECTRICAL					
Electrical Rough					
Electrical Trim					
Electrical Fixtures					

FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED DATE	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED	PROJECT MANAGER	DATE
APPROVED	PROJECT MANAGER	DATE
APPROVED	PRESIDENT	DATE