



# Employment Application

105 Talamine Ct.  
 Colorado Springs, CO 80907  
 (719) 578-1500  
 www.manstone.com

APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address				Apartment/Unit #					
City			State			ZIP			
Phone			E-mail Address						
Date Available			Desired Salary						
Position Applied for			Are you available to work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION									
SCHOOL	LOCATION	YEARS ATTENDED			DEGREE RECEIVED				
PREVIOUS EMPLOYMENT									
Company				Supervisor					
Location				Phone					
Job Title				From		To			
Responsibilities									
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				Reason for Leaving					
Company				Supervisor					
Location				Phone					
Job Title				From		To			
Responsibilities									
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				Reason for Leaving					

**PREVIOUS EMPLOYMENT (CONTINUED)**

Company		Supervisor			
Location		Phone			
Job Title		From		To	
Responsibilities					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		Reason for Leaving			

**REFERENCES**

NAME	TITLE	COMPANY	PHONE

**TOOL KNOWLEDGE/SKILLS**

<input type="checkbox"/> TAPE MEASURE	<input type="checkbox"/> CIRCULAR SAW	<input type="checkbox"/> POLISHER/BUFFER	<input type="checkbox"/> SANDER	<input type="checkbox"/> DREMEL
<input type="checkbox"/> GRINDER	<input type="checkbox"/> ROTOZIP	<input type="checkbox"/> SCREW GUN	<input type="checkbox"/> CAULKING GUN	<input type="checkbox"/> JIG SAW
<input type="checkbox"/> DRILL	<input type="checkbox"/> LEVEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER – PLEASE SPECIFY:

DO YOU SPEAK SPANISH? YES  NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES  NO

DO YOU HAVE RELIABLE TRANSPORTATION? YES  NO

ARE YOU ABLE TO PERFORM THE NECESSARY DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? YES  NO

ADDITIONAL INFORMATION:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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