

# Application for Employment



PO BOX 640517

PIKE ROAD, AL 36064

## Applicant's Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Social Security Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email

\_\_\_\_\_

Alternate Phone Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work

Cell

Other

## Recruitment Information

Job requirements are the following: (check all that you are able to do)

\_\_\_ Use of Spray equipment

\_\_\_ Roller \_\_\_ Brush \_\_\_ Use of Man Lift/Boom

\_\_\_ Painting from ladders and Aerial Platforms.

\_\_\_ Use of Scaffolding

\_\_\_ Use of Lulls

**Available to Work**       Full-time       Part-time

**I understand that Goggans, LLC may work Monday through Sunday and travel out of town for a week at a time. Travel is by company vehicle. Hotel and per diem are paid by employer. (Your signature)** \_\_\_\_\_

**How did you learn about this company and position?**

Job advertisement (identify publication or other media): \_\_\_\_\_

Employee referral (identify employee): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**Do you have any of the following certifications: Check all that apply**

\_\_\_ **10 Hour OSHA Safety Course/wallet card**

\_\_\_ **Lull/Forklift operator safety card**

\_\_\_ **Any special coatings certificates**

## **Education**

For each level of schooling below, please write the school name, the city and state where it is located, your major and minor subjects, and the degree or diploma you received.

**High School** \_\_\_\_\_

**College 1** \_\_\_\_\_

**College 2** \_\_\_\_\_

**Graduate School** \_\_\_\_\_

**Business, Trade, or Other Schools** \_\_\_\_\_

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## Work History

Starting with your current or most recent employer, please provide the following information about the last three companies for which you have worked.

### Employer 1 (current or most recent)

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Immediate Supervisor(s) \_\_\_\_\_

### Employer 2

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Job Title(s) Held \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Immediate Supervisor(s) \_\_\_\_\_

**Employer 3**

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Dates Employed** \_\_\_\_\_

**Job Title(s) Held** \_\_\_\_\_

**Job Responsibilities** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Immediate Supervisor(s)** \_\_\_\_\_

**Applicant Consent**

Please carefully read the statements below and initial each one to indicate that you understand and agree to the terms stated. Then sign this form at the bottom.

\_\_\_\_\_ I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or providing deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

\_\_\_\_\_ I give consent to **GOGGANS, LLC** to contact the employers listed on this form for my employment references. I authorize these individuals to provide truthful information regarding my employment and previous work experience. In doing so, I waive liability against the employers and individuals contacted as my references, provided the information they supply is honest, factual and given without malice.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Company Purposes Only**

**Interviewer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_