

If Submit button does not work, save a copy
to your computer, attach to email and send
to info@schilling-paradise.com



APPLICATION OF EMPLOYMENT

Applicant MUST have their own transportation

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Position applying for: _____

PERSONAL INFORMATION

First Name Middle Initial Last Name

Current Address:

Street Apt# City State Zip

Permanent Address (if different from above):

Street Apt# City State Zip

Telephone: _____ Cell Phone: _____

Social Security # _____ Valid Driver's License # _____ State _____

I am a U. S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:

Yes _____ No _____

If Applicable, please list your visa type, visa # and expiration: _____

Have you ever been convicted of a felony? Yes _____ No _____
(A conviction record will not necessarily affect your chance of employment) If you answered yes,
please explain:

Person(s) to contact in case of an emergency:

Name Phone Relationship

Last Name: _____ First Name: _____ Middle Initial: _____

POSITION INFORMATION:

Position Specifications

How did you hear about this job? _____

What hours are you willing to work? _____

Have you ever applied/worked at Schilling Paradise before? Yes No
If yes, when? _____ Supervisor's Name: _____

Would you be able to work weekends? Yes No

When would you would be able to start? _____

Desired salary: _____ per _____

Skills

Please describe any skills you have in the following areas:

Languages Spoken (other than English):

Other:

EDUCATION

Technical or Vocational School

_____ Name and Address

Did you graduate? Yes _____ No _____ Attended from _____ to _____

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer: _____ Address: _____

Your position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes _____ No _____
Name Phone

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes _____ No _____
Name Phone

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes _____ No _____
Name Phone

Reasons for Leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

ELECTRICAL SPECIFIC QUESTIONS

1. Are you certified? Yes _____ No _____
2. Certification # _____ Type: _____
3. Are you willing to commute? Yes _____, How many miles? _____, Not willing _____
4. Do you have any driving restrictions? Yes _____ No _____
5. Do you have Motor Vehicle insurance? Yes _____ No _____
6. Vehicle type? _____
7. Have you ever done piece work? Yes _____ No _____
8. When was the last time you wired a house? _____
9. How much do you need to make an hour? _____/hour
10. Do you have any problem starting work at 6:00 am if necessary? Yes _____ No _____
11. Do you have any issue working 7 am – 3:30 pm, Monday – Friday? Yes _____ No _____
12. Do you have any problem working Saturdays? Yes _____ No _____
13. When can you start? _____
14. Can you do electrical underground? Yes _____ No _____
15. Can you Rough wire a house? Yes _____ No _____
16. Can you Trim out a house? Yes _____ No _____
17. Can you ring out a house? Yes _____ No _____
18. Tool Section – do you have your own:
 - a. Hand Tools Yes _____ No _____
 - b. Tool Bags Yes _____ No _____
 - c. Cordless Drill Yes _____ No _____
 - d. Hole Hawg Yes _____ No _____
 - e. Minimum 100' twist lock extension cord Yes _____ No _____
 - f. 6' Type 1A Fiberglass A Frame ladder Yes _____ No _____

Last Name: _____	First Name: _____	Middle Initial: _____
------------------	-------------------	-----------------------

By Signing Below:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment with Schilling Paradise Corp and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material facts on this application or any document used to secure my employment shall be grounds for rejection of this application. If I have already begun employment, this misstatement of facts can result in my immediate discharge, regardless of the time elapsed before discovery.

I hereby authorize Schilling Paradise Corp to thoroughly investigate my references, work record, education, and any other matters related to my suitability for employment. By signing below, I also authorize my former employers to disclose to Schilling Paradise Corp, any and all letters, reports, and/or other information related to my work record, without giving me prior notice to the disclosure. In addition, I hereby release Schilling Paradise Corp, my former employers, and all other persons, corporations, partnerships, and/or associates from any and all claims, demands, or liabilities arising out of or in any way related to such investigation.

I understand that nothing contained in the application or conveyed during any interview which may be granted, is intended to create an employment contract between Schilling Paradise Corp and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Schilling Paradise Corp. At that time, no promises or representations contrary to the foregoing are binding to Schilling Paradise Corp unless made in writing, and signed by myself and the Chief Executive Officer of Schilling Paradise Corp.

Signature: _____ <small>Type Name</small>	Date: _____
--	-------------

Go back to top of page to submit