



Journeyman & Apprentice Employment Application

Applicant Information

(PLEASE FILL OUT AS MUCH INFORMATION AS POSSIBLE)

Full Name: _____ Date: _____
Last _____ First _____ M.I. _____

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Date Available: _____ Social Security #: _____ Desired Salary:\$ _____

Position Applied For: _____

OK CIB License #: _____ YES NO

Are you an Apprentice registered with the OK CIB?: If yes, How many years? _____

YES NO

Are you a Journeyman registered with the OK CIB?: If yes, How many years? _____

YES NO

YES NO

Are you a citizen of the United States: If not, are you authorized to work in the US.?

YES NO

Have you ever worked for this company? If yes, when? _____

YES NO

Have you ever been convicted of a felony?

If yes, Explain: _____ YES NO

Have you ever been involved in a Motor Vehicle Accident where you were considered at fault?

If yes, Explain: _____



EDUCATION

High School: _____ Address: _____

YES NO

From: _____ To: _____ Did you graduate? Diploma: _____

College: _____ Address: _____

YES NO

From: _____ To: _____ Did you graduate? Diploma: _____

Other: _____ Address: _____

YES NO

From: _____ To: _____ Did you graduate? Diploma: _____

REFERENCES

Please list three professional references. (Not related to you.)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____



PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$_____ Ending Salary:\$_____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Comments:

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$_____ Ending Salary:\$_____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Comments:

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$_____ Ending Salary:\$_____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Comments:



MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

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: _____

MISSION AND VISION

Using the highest ethical standards, We will provide the best solutions for our customers through **HONESTY**, **INTEGRITY**, and **LOYALTY**. We strive to implement a long term relationship with our customers, and create **VALUE** in their lives.

CORE VALUES

HONESTY-In ALL situations. We will be straightforward and forthcoming with our customers and team members.

INTEGRITY-To do the right thing when no one is looking. We will go the extra mile for our customers and team members.

LOYALTY-To our customers and team members.

VALUE-Build Value in your Team and Customers lives. We will be a memorable presence from the Value we create in the lives of everyone we encounter.

ACCEPTANCE OF MISSION STATEMENT AND CORE VALUES

I AGREE to adhere to Barnett Home Services' Mission Statement & Core Values.

If this application leads to employment, I understand that not adhering to the above principles may result in my release.

Signature: _____ Date: _____



Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with , I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Unity Insurance Partners or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Employer's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full Legal Name (include Middle Initial)

Social Security Number

Driver's License Number

State of Issuance

Date of Birth

License Issue Date

Signature

Date