



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

5455 Freitag Drive, Menomonie WI 54751
 Phone: 715.235.3541 Fax: 715.235.9190 Email: info@cfbsi.com

APPLICANT INFORMATION										
Last Name				First			M.I.		Date	
Address				City			State		ZIP	
Phone				E-mail Address						
Emergency Contact				Relationship				Phone		
Position Applied For				Date Available				Desired Wage		
Employment Desired	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Seasonal <input type="checkbox"/>	How did you hear about us?					
Are you authorized to work in the of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Are you 18 Years of Age or Older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Do you currently hold a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
EDUCATION										
	Name and Location			Year Attended	Graduated	Area of Study				
HIGH SCHOOL					Y <input type="checkbox"/> N <input type="checkbox"/>					
COLLEGE					Y <input type="checkbox"/> N <input type="checkbox"/>					
OTHER					Y <input type="checkbox"/> N <input type="checkbox"/>					
PREVIOUS EMPLOYMENT										
Company				Phone			May We Contact?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Supervisor				Time Employed				Last Rate of Pay		
Title & Responsibilities										
Reason for Leaving										
Company				Phone			May We Contact?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Supervisor				Time Employed				Last Rate of Pay		
Title & Responsibilities										
Reason for Leaving										
Company				Phone			May We Contact?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Supervisor				Time Employed				Last Rate of Pay		
Title & Responsibilities										
Reason for Leaving										

EXPERIENCE

Please indicate Experience Level by checking appropriate box		1 = No Experience (Would Like to Learn) 2 = Some Experience (Still Needs Direction) 3 = Quite Experienced (Minimal Direction Needed) 4 = Mastered (Able to Lead)	
Wood Framing		Steel Framing	
Framing Layout, Sub-assemblies	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Steel Erection	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Rough Carpentry (Framing)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Steel Sheathing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Finish Carpentry (trim)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Metal Roofing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Case Work	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Brake Operation	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Metal/Vinyl Soffit/Fascia Systems	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Welding	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Window & Door installation	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	B-deck Installation	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Flashing & Trims	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Light Gauge Metal Framing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Single family Residential	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Installation of HM Frames	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Multi- family Residential	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Commercial Hardware Installation	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Wood Frame Light Commercial	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Drywall Hanging	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
		Acoustical Ceiling Tile	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
		Specialty Finishes	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Concrete Work		Equipment Operation	
Concrete Footings	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Telehandler	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Concrete Walls	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Forklift	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Concrete Flatwork	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Telescopic Boom Lift	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Concrete Finishing	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Scissor Lift	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Tilt up, Erection	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Skid Loader	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Prestressed Erection	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Back Hoe	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Please describe any other relevant experience, training, certifications or programs you have participated in:

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REFERENCES

Please list three professional references (Persons not related to you)

Name	Company	Title	Phone	# Years Known

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.

Further, I understand that I am an at-will employee with no promises or guarantees of employment at any time. Likewise, I am free to end employment with employer at any time.

Signature

Date

Thank you for your interest in Cedar Falls Building Systems, Inc.

PLEASE SUBMIT APPLICATION BY MAIL, FAX OR EMAIL TO:

Cedar Falls Building Systems, Inc.
5455 Freitag Drive
Menomonie, WI 54751

Fax: 715.235.9190
Email: info@cfbsi.com