



18933 Aldine Westfield
 Houston, TX 77073
 Toll Free: 888-467-4443
 Phone: 281-443-9065
 Fax: 281-443-9064
 www.RigidBuilding.com

Print Form

submit by email

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APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applications requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Date of application

Position(s) applied for:

Referral Source

Last Name First Name Middle

Address

City State ZIP

Telephone number including area code Social Security No.

If you are under 18, can you furnish a work permit? Yes No

Have you ever filed an application here before? Yes No If yes, give date: Date

Have you ever been employed here before? Yes No If yes, give date: From To

Are you legally eligible for employment in this country? Yes No *Proof of U.S. Citizenship or immigration status will be required upon employment.*

Date available for work Date

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No Have you ever been bonded? Yes No

Have you ever been convicted of a felony in the last 7 years? Yes No *Such conviction may be relevant if job related, but does not bar you from employment.*

If yes please explain

Driver's license number (if job related). State

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Employer Phone

Address

City State ZIP

Title From To

Supervisor Title

Summarize the nature of work performed and job responsibilities:

Reason for leaving Salary Hourly Start per

May we contact your previous employer? Yes No Finish per

Employer Phone

Address

City State ZIP

Title From To

Supervisor Title

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Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

EDUCATIONAL BACKGROUND (if job related)

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree / Diploma	D. GPA / Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

List any additional information you would like us to consider.



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It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant

Date

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APPLICANT EEO DATA FORM

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and **will not be considered** as part of the application for employment. **It is voluntary** and will be separated from the application.

Position Applied

Date

Name

Social Security NO.

Gender

Male

Female

Address

City

State

Zip Code

Ethnic Origin

White

Black

Hispanic (all races)

Asian

American Indian or Alaskan Native

Hispanic (White race only)

Hispanic (All other races)

Other

Veteran Status

Yes

No

If yes indicate if you are any of the following:

Special Disabled Veteran

Vietnam Era Veteran

Newly Separated Veteran

Other Protected Veteran

Signature of Applicant