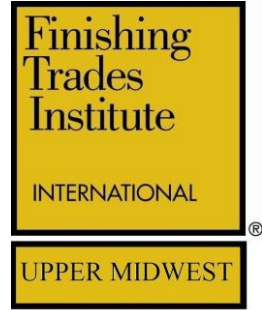


**APPLICATION**

Date: \_\_\_\_\_



Please answer all of the following questions: Please print or type.

NAME: \_\_\_\_\_  
Last, First, Middle Initial

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Email address: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ HOW LONG AT THIS ADDRESS: \_\_\_\_\_

**EDUCATION:**

1. Highest year of schooling completed:

\_\_\_\_\_ Elementary    Number of Years    \_\_\_\_\_  
\_\_\_\_\_ High School    Number of Years    \_\_\_\_\_  
\_\_\_\_\_ High School Graduate    Yes    \_\_\_\_\_ No    \_\_\_\_\_ GED

2. Highest year of college completed:

\_\_\_\_\_ College    Number of Years    \_\_\_\_\_ Degree Obtained: Yes \_\_\_\_\_ No \_\_\_\_\_

Major: \_\_\_\_\_

\_\_\_\_\_ Graduate School    Degree Obtained: Yes \_\_\_\_\_ No \_\_\_\_\_

Major: \_\_\_\_\_

3. List technical or trade school degrees: \_\_\_\_\_ Years completed: \_\_\_\_\_  
\_\_\_\_\_ Years completed: \_\_\_\_\_

4. List apprenticeship programs:    Length of Program    Completed  
\_\_\_\_\_    \_\_\_\_\_    Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_    \_\_\_\_\_    Yes \_\_\_\_\_ No \_\_\_\_\_

List other applicable education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY HISTORY:**

Were you ever a member of the U.S. Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_

**DRIVING RECORD:**

Do you currently hold a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

During the last 3 years have you received a citation for any of the following violations?

- 1. D.W.I.    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- 2. Open Bottle    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- 3. Careless or Reckless Driving    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- 4. Hit and run (leaving the scene of an accident)    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**LEGAL:**

Are you a U.S. citizen? \_\_\_\_ Yes \_\_\_\_ No

If no, do you have a legal right & necessary documents to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No  
(Identity and employment of all new hires will be verified as required by the Immigration Reform and Control Act of 1986).

Were you ever discharged by any company? \_\_\_\_ Yes \_\_\_\_ No.

If yes, give name of company(ies) \_\_\_\_\_

Reason for discharge \_\_\_\_\_

Have you ever been convicted of a crime of a crime other than a minor traffic violation:

Yes \_\_\_\_ No \_\_\_\_

If yes, please explain offense and final disposition.

**EMPLOYMENT HISTORY:** Please list last 4 past jobs (both full-time and part-time).  
List your present or most recent employer

1. Name of Employer: \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employed from \_\_\_\_ to \_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employed from \_\_\_\_ to \_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employed from \_\_\_\_ to \_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor \_\_\_\_\_

4. Name of Employer: \_\_\_\_\_ Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employed from \_\_\_\_ to \_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Supervisor \_\_\_\_\_

\*\*Do you wish to pursue an Associate Degree in Construction Technology? Yes \_\_\_\_ No \_\_\_\_

**PLEASE READ CAREFULLY**

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, and/or criminal history. I authorize anyone possessing this information to furnish it to Finishing Trades Institute of the Upper Midwest and/or the hiring contractor and I release anyone so authorized. Finishing Trades Institute of the Upper Midwest and any 3<sup>rd</sup> party company from all liability and damages whatsoever in furnishing, obtaining or using this information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand also, that I am required to abide by all rules and regulations of Finishing Trades Institute of the Upper Midwest and hiring contractor.

I authorize FTI-UM to share this application with any interested employers.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
(Signature & date will be requested when you visit our school)