



SECTION 3 EMPLOYMENT INTEREST FORM

Please complete this document in full for consideration for potential employment and training opportunities on construction projects.

Name _____
First Middle Initial Last

Address _____ City _____ ST _____ Zip _____

Telephone () _____ Alternate Telephone () _____

Email Address _____ If under age 18, please list age. _____

Are you a public housing resident? ___Yes ___ No If yes, which public housing site? _____

Do you have a valid driver's license? ___Yes ___ No If no, do you have a valid state identification card? ___Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please explain. _____

Employment desired: _____ Full-time _____ Part-time _____ Full or part-time

How many hours a week are you available to work? _____ Date available for work: _____

Which days of the week are you willing to work? _____ Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat

Type of School	Name of School	Completed (Y/N)	Major/Degree
High School			
College			
Business/Trade School			
Business/Trade School			

If you were referred to complete this form by a training or job placement organization, please list the name of the organization. _____

Have you ever participated in a Youthbuild program? ___ Yes ___ No

If yes, when and where? _____

What training did you receive in the Youthbuild program? _____

Indicate your length of experience next to the construction skills listed below:

	Less than 1 year	1-3 years	3 - 5 years	5 years +		Less than 1 year	1-3 years	3 - 5 years	5 years +
Bricklayer					Ironwork				
Carpentry					Landscaping				
Concrete Finishing					Light Machinery				
Demolition					Masonry				
Drywall Finishing					Painting				
Electrical					Plumbing				
Framing					Roofing				
General Labor					Sheet Metal Work				
Heavy Equipment Operation					Site Clean Up				
HVAC					Tile Setter				
					Truck Driver				

Other: _____

Indicate any past or current certifications listed below:

	Current	Expired		Current	Expired
Asbestos			First Aid		
CDL			OSHA 10		
CPR			OSHA 20 or higher		
Equipment Operator			Sewer Related		

Other: _____

Name of Employer _____ Telephone _____

Job Title _____ Start Date _____ End Date _____

Job Duties _____

Reason for leaving _____

Name of Employer _____ Telephone _____

Job Title _____ Start Date _____ End Date _____

Job Duties _____

Reason for leaving _____

I certify that all information on this form is accurate and complete to the best of my knowledge.

I understand that this is **not a job application nor confirmation of a job offer** and that by completing this form, I am only providing information to be considered for employment or training opportunities.

Signature _____ Date _____

