

BREWERY APARTMENTS

EMPLOYMENT INTEREST FORM

Please complete this document in full for consideration for potential employment and training opportunities on the 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? _____

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

	Less than 1 year	1-3 years	3 - 5 years	5 years +
Bricklayer				
Carpentry				
Concrete Finishing				
Demolition				
Drywall Finishing				
Electrical				
Framing				
General Labor				
Heavy Equipment Operation				
HVAC				

	Less than 1 year	1-3 years	3 - 5 years	5 years +
Ironwork				
Landscaping				
Light Machinery				
Masonry				
Painting				
Plumbing				
Roofing				
Sheet Metal Work				
Site Clean Up				
Tile Setter				
Truck Driver				

Other: _____

Indicate any past or current certifications listed below:

	Current	Expired
Asbestos		
CDL		
CPR		
Equipment Operator		

	Current	Expired
First Aid		
OSHA 10		
OSHA 20 or higher		
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 _____

ADDITIONAL INFORMATION

Please use this page to expand on any information on the Employment Interest Form or to provide details for additional previous employers.

[illegible]