

# The G.B. Group, Inc.

## APPLICATION FOR EMPLOYMENT

(Please print legibly)

LAST NAME	FIRST NAME	MI	DATE
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )
Have you ever applied for employment with us? Yes No If yes: Month and Year: _____ Location: _____			Cell Phone ( )
Position Desired:			Pay Requested
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? Yes No
Drivers License # _____ State: _____ Expires: _____		Car Insurance Co: _____ Expires: _____	When will you be available to begin work? _____
<p><b>OSHA requires Supervisors and Managers on construction sites to have the following certificates:</b>  <b>Las Vegas requires OSHA 10 for employees and OSHA 30 for Managers.</b></p>			
<p><b>CPR/First Aid</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Expires: _____ <input type="checkbox"/> <b>OSHA 10 Expires:</b> _____ <input type="checkbox"/> <b>OSHA 30 Expires:</b> _____</p>			
Highest grade completed 1 – 12 Other			Have you served in the Armed Forces? If yes, what branch? _____
Other special training or skills (languages, machine operation, etc.)			

### EMPLOYMENT (PLEASE COMPLETE FULLY)

Company Name	Telephone ( )
Address	Employed (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ( )
Address	Employed (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ( )
Address	Employed (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ( )
Address	Employed (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

**IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING**

1. Have you ever been convicted of, or pleaded guilty to a crime or other offense within the last 7 years (other than misdemeanor traffic violations)? \_\_\_\_\_ Yes \_\_\_\_\_ No **If Yes**, please give dates, places, offense and disposition of case:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do you have any commitments / legal obligations to another employer that may affect your employment with The G.B. Group? \_\_\_\_\_ Yes \_\_\_\_\_ No **If Yes**, please explain. (Use separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been discharged or forced to resign from any position? \_\_\_\_\_ Yes \_\_\_\_\_ No **If Yes**, please explain which position (Use a separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, please give brief explanation.

---

I certify that all answers given by me on this form are true, accurate and complete and that the information provided in the Application for Employment or resume that I submitted to The G.B. Group is also accurate, true and complete. I understand that the withholding of any information sought by this Certification or the giving of false or materially misleading information on the Application for Employment, my resume, this Certification or during any interview for employment will result in a refusal to hire, or if discovered after I am hired, in disciplinary action up to and including termination of my employment.

I authorize you to verify any and all information provided above. I authorize The G.B. Group to investigate my references, work record, education and other matters related to my suitability for employment. In addition, I release The G.B. Group its present and former employers, and each employee and agents and all other persons, corporations, partnerships and associations from any and all claims, liabilities and damages that I might have against The G.B. Group that may arise out of providing such information. I further understand that the use, sale, distribution or transfer of any illegal drugs or controlled substances is prohibited during working hours and that violation of this policy will result in termination.

I acknowledge that if I become employed, my employment would be on an at will basis. This means that I will be free to terminate my employment at anytime for any reason and that The G.B. Group retains the same right. No G.B. Group representative has the authority to make any contrary agreement unless in writing signed by the President or CEO. I further understand that completion of this application does not constitute any type of employment agreement. If I become employed, I agree to abide by the policies and procedures of The G.B. Group.

**In signing this application, I acknowledge that I have read the above statement.**

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

**The G.B. Group, Inc. Employee Trade Questionnaire**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**The following questionnaire will help us determine your ability and properly assign you to job sites.**

A. Mobility I drive a  Car  Truck  Truck with Rack  Neither  
I have a  Current License  Insurance  Clean driving record

B. Rate the following skills with your level of ability level.

**N – No Experience L- Light Experience A- Apprentice (needs supervision)**  
**J- Journeyman (can work alone/ or lead other employees)**

ADA Work \_\_\_\_\_  
Rough Carpentry \_\_\_\_\_  
Carpet \_\_\_\_\_  
Ceramic Tile \_\_\_\_\_  
Concrete \_\_\_\_\_  
Drywall \_\_\_\_\_  
Framing \_\_\_\_\_  
Flooring-VCT \_\_\_\_\_  
General Labor \_\_\_\_\_  
Light Electrical \_\_\_\_\_  
Masonry \_\_\_\_\_

Mold/Asbestos/ Water \_\_\_\_\_  
Painting \_\_\_\_\_  
Plastering \_\_\_\_\_  
Plumbing \_\_\_\_\_  
Roofing \_\_\_\_\_  
Sheet Metal \_\_\_\_\_  
Stucco \_\_\_\_\_  
Tape/Texture \_\_\_\_\_  
Trim Carpentry \_\_\_\_\_  
Welding \_\_\_\_\_  
Other \_\_\_\_\_

C. CPR/First Aid Trained:  Yes (Expiration date)  No

Equipment Operation \_\_\_\_\_

List Type \_\_\_\_\_

D. Computer Skills if related to your position:

Word Processing \_\_\_\_\_ Programs \_\_\_\_\_

Spreadsheets \_\_\_\_\_ Programs \_\_\_\_\_

Please list all training/programs attended that relate to your position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

# G.B. Group Inc.

## MANDATORY TOOL LIST

*\*Must be trained on use of all listed tools*

### Apprentice and Above

- Smooth Face Hammer
- Speed Square or Tri-Square
- Cats Paw
- Flat Bar
- Chalk Box
- Utility Knife
- Wood Chisel
- Level – 5-ft. minimum 4 ft.
- Pliers
- Sheetrock Saw
- Carpenter’s Pencil
- Crescent Wrench - 10-Inch Minimum

### Apprentice Carpenters and Above

*\*Must be trained on use of all listed tools*

- Power Cords (2) 1-50’ & 1-100’
- Wood Drill Bits ¼” to 1”
- Level 4 ft. to 6ft.
- Pliers
- Skill saw
- Saw all
- Cordless Drill
- Channel Locks

## MANDATORY POWER TOOLS

*\*Must be trained on use of all listed tools*

### Carpenters and Above

- Tool Box
- Framing Hammer
- Waffle Head Minimum 20 oz.
- Nail Set
- Drill Motor 3/8”
- Cordless Drill
- Hammer Tacker
- Philips Screwdriver
- Caulking Gun
- 2” Putty Knife
- Hand Saw - 8 Point
- Finish Saw -
- Either Dovetail or Backsaw

### OPTIONAL TOOLS

*\*Must be trained on use of all listed tools*

- 4 or 6-Inch Mud Knife
- Socket Wrench - with Sockets
- Pipe Wrenches
- Stripper for Electrical
- Files
- Wrecking Bar

### OPTIONAL POWER TOOLS

*\*Must be trained on use of all listed tools*

- Compressor
- Palm Nailer
- Chain Saw
- Chop Saw
- Framing Gun
- Finish Gun
- Planer
- Palm Sander

*The G.B. Group, Inc. is not responsible for employee tools that are lost, stolen or damaged. The G.B. Group, Inc. will not provide replacement or reimbursement to employees for their tools.*

*Employee’s tools are the sole responsibility of the employee.*

*GB Group assumes employees are trained on all their own tools.*

\_\_\_\_\_  
Employee Signature

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