

The **DAMEX** Corporation
EMPLOYMENT APPLICATION

17436 Seymour Ave.
Port Charlotte, FL 33953
941-624-3100

1708 S.E. 47th Street
Cape Coral, FL 33904
239-542-1000

NAME: _____ DATE: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE: _____ REFERRED BY: _____

TYPE OF VEHICLE YOU WILL USE FOR WORK: _____

SOCIAL SECURITY #: _____ FL DRIVERS LICENSE #: _____

DO YOU SMOKE CIGARETTES, CIGARS OR PIPE: _____

LIST ANY CRIMINAL OFFENSES (OTHER THAN MINOR TRAFFIC VIOLATIONS) FOR WHICH YOU HAVE BEEN

CONVICTED: _____

EMPLOYMENT DESIRED: _____ DATE YOU CAN START: _____

SALARY DESIRED: _____

ARE YOU PRESENTLY EMPLOYED?: _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?: _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECT
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE, BUSINESS	_____	_____	_____	_____
CORRESPONDENCE	_____	_____	_____	_____

GENERAL: SUBJECT OF SPECIAL STUDY OR RESEARCH: _____

U.S. MILITARY SERVICE: _____ RANK AT DISCHARGE: _____

PHYSICAL RECORD: DO YOU HAVE ANY PHYSICAL DEFECT THAT PRECLUDES YOU FROM PERFORMING ANY

WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

WERE YOU EVER INJURED: _____ IF YES, GIVE DETAILS: _____

HAVE YOU EVER FILED FOR WORKERS COMPENSATION CLAIM: _____ IF YES, GIVE DETAILS: _____

HAVE YOU ANY DEFECTS IN HEARING? _____ IN VISION? _____ IN SPEECH? _____

IN CASE OF EMERGENCY NOTIFY: _____

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

ADDRESS _____ PHONE _____

TRADE EXPERIENCE

LIST BELOW YOUR PREVIOUS EXPERIENCE FOR EACH TRADE. EXPLAIN IN DETAIL WORK EXPERIENCE AND/OR KNOWLEDGE, INCLUDING TOOLS, MACHINES, MATERIALS USED.

CABINETRY: _____

CARPENTRY: _____

PAINTING: _____

PLASTER, DRYWALL, POPCORN, STUCCO: _____

INSULATION: _____

ELECTRICAL: _____

PLUMBING: _____

CLEANING: _____

WATER EXTRACTION: _____

QUESTIONNAIRE FOR FIELD TRADES

1. DO YOU HAVE A PHONE AND WILL YOU CONTINUE TO HAVE ONE WHILE EMPLOYED BY THE DAMEX CORPORATION?

- A. YES
- B. NO

2. DO YOU HAVE RELIABLE TRANSPORTATION?

- A. TO GET TO WORK
- B. TO USE AT WORK

3. ARE YOU DESIROUS OF BEING ON AN "ON CALL" STATUS FOR EMERGENCIES DURING WEEKENDS AND EVENINGS?

- A. YES
- B. NO

4. PLEASE INDICATE WHICH TOOLS YOU HAVE AND WILL USE IF EMPLOYED BY THE DAMEX CORPORATION.

_____ CIRCULAR SAW

_____ DRILL

_____ SABRE SAW

_____ BASIC HAND TOOLS: HAMMER, HANDSAW, SCREWDRIVERS, LEVEL, PRYBARS, STAPLE GUN, MEASURES WRENCHES

_____ EXTENSION CORD

5. PLEASE RANK THE FOLLOWING IN ACCORDANCE WITH YOU ABILITY. ONLY RANK THOSE THAT YOU ARE ABLE TO DO (#1 BEING THE BEST). IF EMPLOYED, YOU WILL BE TESTED IN THOSE CATAGORIES YOU INDICATED YOU HAVE ABILITY.

_____ FRAME CARPENTRY

_____ PLUMBING REPAIR

_____ ELECTRICAL REPAIR

_____ DRYWALL, HARDCOAT, STUCCO

_____ PAINTING, POPCORN

_____ TRIM CARPENTRY

APPLICATION ACKNOWLEDGEMENT/AUTHORIZATION RELEASE
FOR CRIMINAL AND DEPARTMENT OF MOTOR VEHICLES
BACKGROUND CHECK

I hereby certify that the information contained in my application and on this form are true and correct.
In addition I agree to have any and/or all of the following checks run by the Federal Background Services, Inc.:
This may include criminal background checks, motor vehicle inquiries, credit checks and other pre employment
research. This information will be held in strict confidence. I further understand that any misrepresentation, falsification
or material omission of information on my application or this form may result in failure to receive any employment
opportunities. I understand that if employment is denied, I am entitled to a request copy of any report obtained

Name _____
(Please Print)

Current Address _____

Social Security Number _____

Drivers License Number _____

I have resided in Florida for _____ less than five years
_____ more than five years.

If LESS, please indicate most recent out-of-state address:

Signature

Date