

DATE: \_\_\_\_\_



## EMPLOYMENT APPLICATION

### Metro Fence Company, Inc.

8335 Quebec Street  
 Commerce City, CO 80022  
 303-469-1317 303-469-1338 Fax

For application to be considered, you **MUST**: 1) type or print all answers; 2) supply all requested information; **resumes may only** serve as a supplement; 3) not falsify the application in any way; 4) provide comprehensive employment information, including volunteer work. The information you provide will determine your qualifications for employment or eligibility for evaluation.

#### GENERAL INFORMATION

Position applying for:     Apprentice Fence Installer                       Locator  
     Fence Installer     Accounting and Office  
     Crew Foreman     Other \_\_\_\_\_  
     Inventory and Maintenance Technician

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Phone (message): \_\_\_\_\_

Have you ever worked for Metro Fence Company, Inc. Yes:  No:  Approx. Dates: \_\_\_\_\_

Do you have a legal right to work in the U.S.?  
 Yes:  No:   
 If yes, you will need to show proof of work eligibility to be employed. See back sheet for further information on this requirement.

Have you ever been convicted of any violations of federal, state, local or military law or statute?  
 Yes:  No:   
 If yes, explain in the space provided

*NOTE: CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY, BASED ON JOB REQUIREMENTS.*

Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service?  
 Yes:  No:  If yes, please explain the circumstances

#### EDUCATION, TRAINING AND SKILLS

Circle highest grade completed	GRADE SCHOOL								HIGH SCHOOL					COLLEGE						
	1	2	3	4	5	6	7	8	1	2	3	4	GED	1	2	3	4	5	6	
High School/Colleges/University/Trade School	City/State								Major Coursework					Sem. Hrs.	Degrees Completed					

Certificates, Licenses, Memberships:

Driver's License? Yes:  No:  Classification \_\_\_\_\_ License Number \_\_\_\_\_ State: \_\_\_\_\_

**List any specialized training you may have** received that relates to this position (include number of hours and course content)

**List any equipment that you are able to operate** that relates to this position

Language Proficiency (other than English)	Have you ever served in the U.S. Armed Forces? Yes: <input type="checkbox"/> No: <input type="checkbox"/> From _____ To _____	
	Branch: _____	Type of discharge _____
	Specialized training or experience: _____	

DATE: \_\_\_\_\_

**EXPERIENCE**

Begin with your present or most recent position. List all jobs held, paid or volunteer, over the last ten years. **YOUR QUALIFICATIONS WILL BE EVALUATED ON THE BASIS OF THE INFORMATION PROVIDED ON THE APPLICATION.** You may attach a separate sheet if additional space is needed, or to include applicable experience prior to ten years ago. **RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.**

<b>Position Title:</b>	Employment Dates:	to
Employer	Phone #	
Address	City	State Zip
Supervisor	May we contact your present employer?	
Pay / Salary	Hours Per Week	# of employees supervised
<b>Primary Job Duties:</b>		
Total Time Worked: Years	Months	Reason for wanting to leave:

<b>Position Title:</b>	Employment Dates:	to
Employer	Phone #	
Address	City	State Zip
Supervisor	May we contact this employer?	
Pay / Salary	Hours Per Week	# of employees supervised
<b>Primary Job Duties:</b>		
Total Time Worked: Years	Months	Reason for wanting to leave:

<b>Position Title:</b>	Employment Dates:	to
Employer	Phone #	
Address	City	State Zip
Supervisor	May we contact this employer?	
Pay / Salary	Hours Per Week	# of employees supervised
<b>Primary Job Duties:</b>		
Total Time Worked: Years	Months	Reason for wanting to leave:

**READ THIS APPLICATION AND YOUR ANSWERS BEFORE SIGNING BELOW**

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection of this application or discharge from service. I also authorize Metro Fence Company, Inc. or its Designee, to make all necessary and appropriate investigations allowable by law concerning my potential employment. It is my responsibility to keep Metro Fence Company, Inc. advised about any changes of address or phone.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_