

# JOB APPLICATION



817.721.9326

INFO@STAGSAFETY.COM

401 N. CARROLL AVE., STE. 153  
SOUTHLAKE, TX 76092

## Personal Information

Last		First		MI		SSN#		Email	
Street			City	State	Zip	Home Phone		Mobile Phone	
Are you entitled to work in the United States?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you 18 or older?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been Convicted of a felony or been incarcerated in connection with a felony in the past 5 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Date of Birth			
If yes, Please explain:									
Military Service?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Branch		Are you a Veteran?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
War									
What position are you applying for?					How did you hear about this position?				
Expected Hourly Rate			Expected Weekly Earnings			Date Available			

## Prior Work Experience

	Current or most recent	Prior	Prior
<b>Employer</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Telephone</b>			
<b>Name of Immediate Supervisor</b>			
<b>Dates of Employment</b>	From   To	From   To	From   To
<b>Position / Job Title</b>			
<b>Pay</b>			
<b>Reason for Leaving</b>			
<b>May we Contact?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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## Education

	Name / Location	Last year Complete	Degree	Major or Emphasis
High School				
College University				
Trade School				
Other				
List any applicable special skills, training of proficiencies				

## Personal References

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, Zip			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records as noted above.

Signature

Date

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## Current Personal Credentials

<input type="checkbox"/> OSHA 30	<input type="checkbox"/> HAZWOPER	<input type="checkbox"/> CSP
<input type="checkbox"/> OSHA 10	<input type="checkbox"/> First Aid/CPR (within last 24 months)	<input type="checkbox"/> CSHO
<input type="checkbox"/> PEC Safeland/SafeGulf	<input type="checkbox"/> TWIC Card	
<input type="checkbox"/> H2S (within last 12 months)	<input type="checkbox"/> Fit Test (within last 12 months)	
<input type="checkbox"/> Competant Person Trenching & Shoring (within last 36 months)	<input type="checkbox"/> ASP	

## Trainer Certifications

<input type="checkbox"/> OSHA	<input type="checkbox"/> NCCER Evaluator	<input type="checkbox"/> Other OQ Evaluator: _____
<input type="checkbox"/> PEC Safeland/Safegulf	<input type="checkbox"/> Veriforce Evaluator	
<input type="checkbox"/> MSHA	<input type="checkbox"/> OSHA 501	
<input type="checkbox"/> DOT Flagger	<input type="checkbox"/> MEA	
<input type="checkbox"/> Medic / First Aid / CPR / AED	<input type="checkbox"/> Energy Worldnet Evaluator	

**Miscellaneous Certifications (not listed above / years certified):**