



Application for Employment

Thank you for your interest in Armstrong Fence Co. Typically, our application process will require about 20-30 minutes of your time to complete all sections. In order to be considered for this position, you must complete all information on the questionnaire, including work history, education and references. Many thanks in advance, and good luck with your candidacy.

EEO statement

We are an Equal Opportunity Employer. We will consider applicants for this position without regard to any category protected by applicable federal, state or local law, including but not limited to: race, color, religion, sex, national origin, age, physical or mental disability, genetic information, veteran status or uniformed service member status.

If hired, I understand my employment is at-will as permitted under applicable state law. I understand this means that either the company or I may terminate the employment relationship at any time, for any reason, with or without notice or cause.

Date:

Contact Info

Last Name:	First Name:	Middle Name:
Street Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

Experience

Company Name:	Role:
Start Date:	End Date:
Reason for leaving:	Ending Salary:
Responsibilities:	



ARMSTRONG FENCE CO
 Securing The Southeast
COMMERCIAL INDUSTRIAL RENT-A-FENCE RESIDENTIAL

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Company Name:	Role:
Start Date:	End Date:
Reason for leaving:	Ending Salary:
Responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name:	Role:
Start Date:	End Date:
Reason for leaving:	Ending Salary:
Responsibilities:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

School Name	Major/Degree	Graduation Year
High School:		
College:		
Trade School:		
Other Training:		

Certifications/Licenses

Certification:	Date Received:
Details:	
Certification:	Date Received:
Details:	

Skills

Skill:	Proficiency:
Details:	



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Emergency Contacts

Name:	Contact Number:	Relation:
Name:	Contact Number:	Relation:

If hired by this company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this company.

Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired by this company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this company.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the equivalent of a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously worked in the construction industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment desired (position applied for) :	
Are you willing and able to working overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for employment with Armstrong Fence Co?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when and where did you apply?	
Have you ever been employed by Armstrong Fence Co or a staffing agency on-site at Armstrong-Fence Co?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide dates of employment, staffing agency (if applicable) and reason for separation from employment.	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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<p>I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.</p>	<p><input type="checkbox"/> I agree. <input type="checkbox"/> I do not agree.</p>
<p>I understand that the company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that taking alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.</p>	<p><input type="checkbox"/> I agree. <input type="checkbox"/> I do not agree.</p>
<p>I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state (minimum 3 years) in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.</p>	<p><input type="checkbox"/> I agree. <input type="checkbox"/> I do not agree.</p>



Application for Employment

Voluntary Self-Identification of Disability

- Form CC-305
- OMB Control Number 1250-0005

Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. ¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)



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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Please select a response:

- Yes, I do have a disability. No, I do not have a disability. I do not wish to answer.

Answers are optional:

Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Decline to specify
Ethnicity: If "Other" see next question.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other <input type="checkbox"/> Decline to specify
Race:	<input type="checkbox"/> American Native or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Decline to specify
Veteran Status (Part 60-300):	<input type="checkbox"/> I am a disabled veteran <input type="checkbox"/> I am a recently separated veteran <input type="checkbox"/> I am other protected veteran <input type="checkbox"/> I am an armed forces service medal veteran <input type="checkbox"/> I am not a veteran <input type="checkbox"/> Decline to specify



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<p>How did you hear about this position in which you are applying?</p>	<input type="checkbox"/> Walk-in <input type="checkbox"/> Indeed <input type="checkbox"/> Facebook <input type="checkbox"/> Linked In <input type="checkbox"/> Staffing Firm <input type="checkbox"/> Employee Referral: _____ <input type="checkbox"/> Other: _____
--	--

References

Name:	Contact Number:	Years Known:
Name:	Contact Number:	Years Known:
Name:	Contact Number:	Years Known:
Name:	Contact Number:	Years Known:

Acknowledgement

I certify that all the information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize, my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to employees.

By signing the below, I hereby acknowledge that I have read and understand the above statements.

Applicant Signature: _____ Date: _____