



**APPLICATION FOR EMPLOYMENT**  
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

**PERSONAL INFORMATION**

NAME (Last)		DATE:
NAME (First, Middle)		SSN#:
HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?	YES / NO	PHONE NUMBER:

**EMPLOYMENT INFORMATION**

DATE YOU CAN START AT UNITED SHADE:	HOURLY RATE DESIRED?
ARE YOU CURRENTLY EMPLOYED?	MAY WE ASK WHO YOUR EMPLOYER IS?
IF YOU WERE REFERED BY A UNITED SHADE EMPLOYEE PLEASE PROVIDE THEIR NAME:	
HAVE YOU EVER APPLIED AT UNITED SHADE BEFORE? IF YES, PLEASE PROVIDE THE DETAILS:	

**EDUCATION**

NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL:			
COLLEGE:			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:			

**GENERAL INFORMATION**

ADDITIONAL CERTIFICATIONS, SKILLS OR TRAINING:
IF YOU SERVED OR ARE CURRENTLY SERVING IN THE MILITARY OR NATIONAL GUARD, WE THANK YOU FOR YOUR SERVICE, PLEASE PROVIDE YOUR SERVICE DETAILS:

This form has been revised to comply with the provisions of the Americans with Disabilities Act, and the final regulations and the final interpretative guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON NEXT PAGE)



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**EMPLOYMENT HISTORY**

DATES WORKED MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY/HOURLY RATE	POSITION	REASON FOR LEAVING
WHICH OF THESE JOBS DID YOU LIKE THE BEST?				
WHAT DID YOU LIKE THE MOST ABOUT THAT JOB?				

**REFERENCES**

NAME	BUSINESS	PHONE NUMBER WITH AREA CODE	YEARS AQUANTED

**EMERGENCY CONTACT INFORMATION**

NAME	ADDRESS	PHONE NUMBER

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANYTIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF UNITED SHADE, LLC, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH, OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR UNITED SHADE, LLC OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY UNITED SHADE, LLC. I UNDERSTAND THAT NO UNITED SHADE, LLC, REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

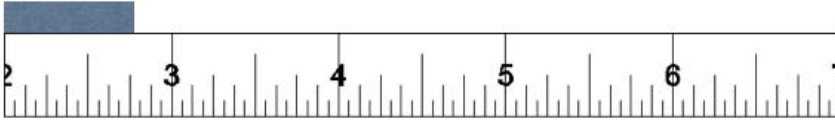
**DO NOT WRITE BELOW THIS LINE**

<b>INTERVIEWED BY:</b>		<b>DATE:</b>
<b>COMMENTS:</b>		
<b>HIRED: YES NO</b>	<b>POSITION:</b>	<b>DEPARTMENT:</b>
<b>SALARY/WAGE:</b>	<b>START DATE:</b>	<b>APPROVED BY:</b>

NAME:		DATE:		SCORE:	
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### Reading a Tape Measure

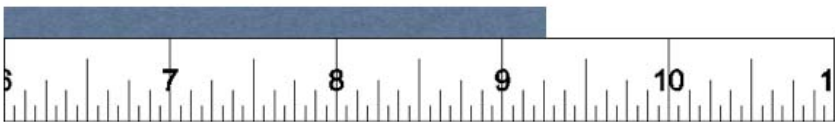
How Many Inches?



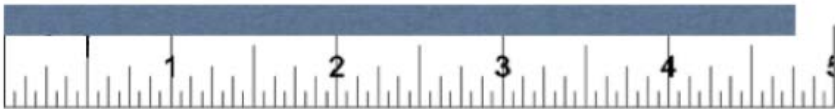
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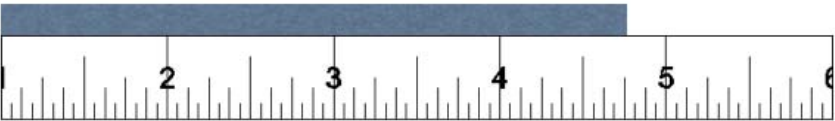
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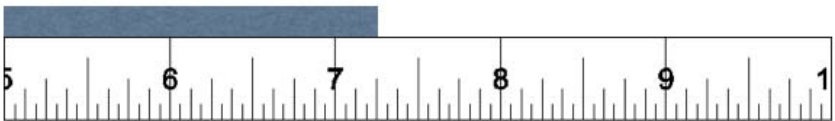
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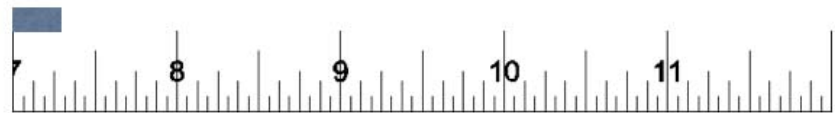
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