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Ste 201
Park Rapids, MN 56470
www.gemcraftcontracting.com
info@gemcraftcontracting.com

Mr.						
Ms.	Name: _					
Mrs.	Last		First		Middle Initial	
	Addross:					
	Auuress.	Street	City	State	Zip	
					r	
Email	Address: _			Phone Number:		
Positi	on Applied	For:				
Are y	ou available	e to work:	Full-time / Part-time			
0			and.			
On w	nat date ar	e you avallable to start w	Ork:			
Can v	ou travel if	a job requires it?	Yes / No			
· ,		a jour equilies it.	. 65 /6			
Do yo	ου have a cι	urrent Drivers License?	Yes / No			
Are y	ou authoriz	ed to work in the United	States? Yes / N	o		
Schoo	ols Attende	d				
High S	School:					
		ty:				
Cone	ge/ Offiversi					
			o-related training, skills o	r equipment you have acquired	d from the Military or	
previo	ous employ	ers.				

Employer	Dates Employed	
	, ,	
Employer Address	Phone Number	
Job Title	Supervisor Name/Title	
Hourly Rate/Salary (Start – Final)	Reason For Leaving	
ork Performed:		
Employer	Dates Employed	
Employer Address	Phone Number	
Job Title	Supervisor Name/Title	
Hourly Rate/Salary (Start – Final)	Reason For Leaving	
	Neason For Leaving	
rk Performed:		

Applicants Statement:

I certify that the answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that a false or any misleading information given in my application or interview(s) will result in discharge. I understand, also, that I am required to abide by all rules and regulations of BCH Builders, LLC.

Date

Signature of Applicant