**Joint Assets LLC**

Application for Employment

Please note: Email application at Tonid@jointassetsllc.com

All fields marked with an asterisk (\*) are mandatory.

# Name\*: SSN:

|  |  |  |  |
| --- | --- | --- | --- |
| Address\*: | City\*: | State\*: | ZIP/PIN Code\*: |
| Phone\*: | Email Address\*: | Date of Birth\*: |

|  |  |
| --- | --- |
| **ADDITIONAL INFORMATION** |  |
| Are you legally authorized to work in the U.S.?\*  |  Yes  |  No |
|  |   |   |
| Have you ever been convicted of a felony?\* If Yes, explain: |  Yes |  No |
| Have you been employed by this organization in the past? |  |  |
|  |  Yes |  No |

|  |
| --- |
| **POSITION DETAILS** |
| Position you are applying for\*: | Available Start Date: | Desired Pay: |

Employment Type:

 Full-Time Part-Time Temporary Internship

|  |
| --- |
| **EDUCATION\*** |
| School/College | Year | Degree | Result |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **WORK EXPERIENCE** |
| Employer Name: | Designation: | Employment dates: |

# Responsibilities:

|  |  |  |
| --- | --- | --- |
| Employer Name: | Designation: | Employment dates: |

Responsibilities:

|  |  |  |
| --- | --- | --- |
| Employer Name: | Designation: | Employment dates: |

Responsibilities:

|  |  |  |
| --- | --- | --- |
| Employer Name: | Designation: | Employment dates: |

Responsibilities:

|  |
| --- |
| **REFERENCES (Professional or Business only)** |
| 1. Name: | Phone: |
| 2. Name: | Phone: |
| 3. Name: | Phone: |
| 4. Name: | Phone: |
| 5. Name: | Phone: |

|  |
| --- |
| **Social Habits** |

Do you smoke or vape? Yes No

If yes, will you require short breaks at work for smoking or vaping? Yes No

Do you consume alcohol? Yes, but moderately; Yes, above legal blood level for driving; No

If yes, have you ever driven under the influence (DUI)? Yes No

Do you use recreational drugs? Yes No

If yes, will you require short breaks at work for recreational drug use? Yes No

Do you have any problem or objection to wearing a face mask at work? Yes No

|  |
| --- |
| **Transportation\*** |

Do you have a valid driver license? Yes No

If yes, will you drive yourself to work? Yes No

Are you willing to help transport construction materials to the site of work? Yes No

|  |
| --- |
| **Communication\*** |

Are you able to write proficiently in English? Yes No

Are you able or willing to clearly communicate via email and text messages? Yes No

|  |
| --- |
| **Family Information (for benefit purpose only)** |

Do you have a spouse or significant other? Yes No

Are you interested in JA-sponsored health insurance?

 For self for self and/or spouse, children

|  |
| --- |
| **Skill sets\*** |

**I have knowledge or experience in:**

(Indicate any license and other specifics if applicable)

 **No somewhat extensively Years of experience (if any)**

Dwelling Foundation

Plumbing

Sewage

HVAC

Electricity

Roofing

Bathroom

Kitchen design

and/or installation

Drywall installation

& finishing

Painting (interior)

Painting (exterior)

Light fixture installation

Flooring

Deck/Porch

Sunroom/greenhouse

Solar panels

Garage

Landscaping

Fencing

Tree removal

|  |
| --- |
| **Other** |

**Please describe any other skillsets or situation you want us to know about:**

I certify that all information and answers provided by me above is true and complete to the best of my knowledge. I understand that if this application leads to employment, any false or misleading information or answer in my application may lead to the termination of my employment.

# Name: Signature: Date: