

Subcontractor Qualification Form

Trade(s): _____ Date of application: ____/____/____

Company: _____ Contact: _____

Address: _____

Street City State ZIP Code

Telephone #: (____)____-____ Fax #: (____)____-____

E-mail: _____ Website: _____

Company Information

Has your company previously performed work for Embree Construction Group, Inc.? Yes No
 If so, please list the name and date of your first project with us.

How many years has your company been in business? _____

What type of entity is your company? (corporation, partnership, sole proprietorship, etc.): _____

Please list authorized signatories (officers, owners, partners, etc.):

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Is your company using an assumed name? Yes No
 If so, is this assumed name registered with the Secretary of State? Yes No

Has your company ever been known by another name or tradename? Yes No
 If so, please list. _____

Has your company ever filed for bankruptcy or reorganization? Yes No
 If so, please explain. _____

Has your company ever been sued? Yes No
 If so, please explain. _____

Has your company ever filed a lawsuit or mechanic's/materialman's lien? Yes No
 If so, please explain. _____

Number of employees: _____ Total | _____ Office | _____ Field | _____ Shop

Has your company ever failed to complete a project? Yes No
 If so, please explain. _____

Is your company a signatory to any labor agreement(s)? Yes No
 If so, which trade(s)? _____

Has a supplier of material or equipment ever declined to sell to your company? Yes No
 If so, please explain. _____

Has a supplier of material or equipment ever declined to extend credit to your company? Yes No
If so, please explain. _____

Does your company have a written safety program? Yes No

Has your company been cited by OSHA within the past four years? Yes No
If so, please explain. _____

List states / geographical area(s) your company covers: _____

List trade(s) and state(s) in which your company holds licenses:
_____ License Number: _____
_____ License Number: _____
_____ License Number: _____

What particular project type does your company specialize in? _____

What is the average / typical job size your company performs? \$ _____

What are your company's job size limits, if any? Minimum \$ _____ to Maximum \$ _____

List trade and business associations your company is a member of: _____

List your company's revenue for the past three years:
Year: _____
Revenue: \$ _____ \$ _____ \$ _____

What is your company's current backlog of uncompleted work? \$ _____



Trade References - Please list three (3) current trade references.

Company Name	Contact / Title	Telephone Number

Supplier References - Please list three (3) references from your current primary suppliers.

Company Name	Contact / Title	Telephone Number

Historical Project Information - Please list three major projects completed with the last three (3) years.

Project Name / Location: _____

Owner: _____ General Contractor: _____

Contact Name: _____ Phone: _____

Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name / Location: _____

Owner: _____ General Contractor: _____

Contact Name: _____ Phone: _____

Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name / Location: _____

Owner: _____ General Contractor: _____

Contact Name: _____ Phone: _____

Start Date: _____ Completion Date: _____ Contract Amount: _____

Current Project Information - Please list three major projects currently under construction.

Project Name / Location: _____

Owner: _____ General Contractor: _____

Contact Name: _____ Phone: _____

Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name / Location: _____

Owner: _____ General Contractor: _____

Contact Name: _____ Phone: _____

Start Date: _____ Completion Date: _____ Contract Amount: _____

Project Name / Location: _____

Owner: _____ General Contractor: _____

Contact Name: _____ Phone: _____

Start Date: _____ Completion Date: _____ Contract Amount: _____