



## Employment Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Other Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Have you ever been terminated or asked to resign? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ If hired can you provide verification of your legal rights to work in the US? \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State issuing license \_\_\_\_\_ Has your license been suspended? If yes, explain? \_\_\_\_\_

Have you ever been convicted of a felony? If yes, explain. (Conviction will not necessarily disqualify you from being hired.) \_\_\_\_\_

## Education

School Level	Name & Location of School	Course of Study	Did You Graduate?	Degree or Diploma
High School				
College				
Post Graduate				
Trade School				

## Employment Interests

Position Desired \_\_\_\_\_ Date Available \_\_\_\_\_

Desired Salary \_\_\_\_\_ Days and Hours available to work \_\_\_\_\_ Are you willing to work overtime? \_\_\_\_\_

Is there anything that would prevent you from being at work everyday? \_\_\_\_\_

# Employment History

\_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Address, City, State, Zip Code: \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

\_\_\_\_\_  
Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

\_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Address, City, State, Zip Code: \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

\_\_\_\_\_  
Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

\_\_\_\_\_  
Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Address, City, State, Zip Code: \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_

\_\_\_\_\_  
Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

# Other Relevant Experience

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# References

_____ Name of Reference:	_____ Phone Number:	_____ Years acquainted:	_____ Nature of Relationship:
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_____ Name of Reference:	_____ Phone Number:	_____ Years acquainted:	_____ Nature of Relationship:

**In order for us to be able to process your application, please review and initial each of the statements below:**

I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment at any time.

I authorize you to conduct a criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. You may conduct any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying ----- except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations for any and all liability for damages that might occur in connection with the processing of this application.

I understand and agree that my employment relationship with this organization is an "at-will" relationship, meaning that both the organization and I have the right to terminate this employment relationship at any time for no reason or for any reason, as long as the reason is not illegal. No verbal promises or guarantees can change this "at-will" relationship. Any changes to the "at-will" relationship or its terms must be in writing, for the agreed purpose of changing the relationship, and signed by me and by an authorized officer of this organization. (For further information, please consult this organization's at-will policy).

This organization prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetic, sexual orientation or any other protected category of individuals. This organization is an equal opportunity employer and makes hiring and other employment decisions based on job related qualifications, abilities, and factors other than on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. (For further information, please consult the organization's Equal Opportunity Employer Policy.)

My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements.

**DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## Background Check Release

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Years: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Have you ever been convicted of a felony? If yes, please list and explain stating the year, offense, and city that conviction occurred in.

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I hereby authorize the release to Master Construction Products, Inc., any information held by parties regarding my previous employment, conviction history, credit history, Workers' Compensation history, driving history, education, or degrees earned, as well as information regarding my general character and reputation. I release any providers of such information from liability for providing the same. I understand the information may be reviewed initially and periodically by Master Construction Product, Inc. I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date