

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Equal access to employment, programs, and services is available to all applicants. If you require reasonable accommodation for the application and/or interview process, please notify a representative of Masonry Plus, LLC.

It is the intent of Masonry Plus, LLC to comply with all state and federal requirements and to operate within the law in the implementation of all facets of Equal Employment Opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action, there will be no discrimination on the basis of race, color, religion, age, sex (including pregnancy and childbirth), national origin, ancestry, disability, sexual orientation, marital status, military service, arrest or conviction record, use or non-use of lawful products off Masonry Plus's premises, or any other areas covered under state or federal law; to the extent prohibited by law. Do not include information of that nature in the application. It is the intention of Masonry Plus, LLC that all qualified applicants will be given equal opportunity and that selection decisions be based on job-related factors.

First Name:		Middle Initial:
City:	State:	Zip Code:
Email:	Are you legally autho U.S.? YES()NO()	rized to work in the
Desired Hourly Rate:	Are you at least 1 No	8 years old? Yes
How did you hear about Masonry Plus?	Date you are availat	ole for work:
ny? YES()NO() arges against you? YES) NO() If Yestoe	ither question please
	City: Email: Desired Hourly Rate: How did you hear about Masonry Plus?	City: State: Email: Are you legally author U.S.? YES () NO () Desired Hourly Rate: Are you at least 1 No How did you hear about Masonry Plus?

Information used only if relevant to position(s) you are applying for.

Education	School Name	Major	Graduated	Years Completed
High School			YES () NO ()	
College			YES () NO ()	
Vocational			YES () NO ()	
Other			YES () NO ()	

	EMPLOYMENT HISTORY (Plea	se list most recent first)			
Company Name:	Phone Number: ()	City:	State:	From:	То:
Job Title:		Immediate Supervisor:	Pay Rate:		
Reason for Leaving:			_		
Your Position and Duties:					
Company Name:	Phone Number: ()	City:	State:	From:	То:
Job Title:		Immediate Supervisor:	Pay Rate:		
Reason for Leaving:					
Your Position and Duties:					

Company Name:	Phone Number: ()	City:	State:	From:	To:
Job Title:		Immediate Supervisor:	Pay Rate:	<u> </u>	
Reason for Leaving:		•	·		
Your Position and Duties:					

Company Name:	Phone Number:	City:	State:	From:	To:
	()				
Job Title:		Immediate	Pay Rate:		
		Supervisor:			
Reason for Leaving:			-		
Your					
Position and					
Duties:					

Please read the paragraphs below. If you agree to the conditions contained in the paragraphs, sign on the signature line at the bottom of this page.

STATEMENT OF DISCLOSURE: I attest that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions will lead to immediate dismissal. I agree that Masonry Plus, LLC will not be held liable in any respect if my employment is terminated for that reason. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of employment may be conditioned on the results of a physical examination and/or drug test. I understand that this application will remain "active" for 30 days and if I want to be considered for employment beyond that time I must advise a representative of Masonry Plus, LLC.

DRUG SCREENING: I agree to submit to medical testing for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription as required by Masonry Plus's drug/alcohol policy. I understand that Masonry Plus requires a drug/alcohol test whenever an employee is suspected of being under the influence of drugs or alcohol at work or following an on-the-job accident or injury. Masonry Plus, LLC's policy and this authorization and consent are in a language I understand, and I understand that if I have questions I should ask a representative of Masonry Plus, LLC, prior to signing below. I will hold all parties concerned harmless for any alleged harm to me as a result of not submitting to the testing or the results of the testing. This includes, but is not limited to, possible clerical or laboratory error.

REFERENCE RELEASE: I authorize Masonry Plus, LLC to investigate my character, qualifications, past employment, education, and activities. I release from all liability, any person, company, corporation, school, or government agency supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

___/___/____

Signature & Date