

APPLICATION FOR EMPLOYMENT

Winco Masonry, LP Rankin Development Co. Inc.
Winco Masonry Builders Inc.

Please print in Black or Blue Ink. Fill out application form completely. If questions are not applicable, enter 'N/A.' Do NOT leave questions blank. Be sure to **sign** when completed. Winco Masonry, LP, Rankin Development Co. Inc. and Winco Masonry Builders Inc. (the "company") is an Equal Opportunity Employer and does NOT discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of service.

PERSONAL:

Name:

_____ () _____
(Last Name) (First Name) (Middle Name) (Phone Number)

Mailing Address:

(Street) (City) (State) (Zip code)

E-mail Address:

Position applying for: _____ Date available for work: _____

Are you legally eligible for employment in the United States? Yes___ No___
(Proof of identity and eligibility will be required upon employment). Are you over the age of 18 Years? Yes ___No__

Is there a reason you would not pass a Background Check for special projects? Yes___ No___

Have you worked for this Company before? Yes___ No___ If, yes. Where _____ When: _____

Job Title: _____

Physical:

Do you have any physical limitations precluding you from performing any work for which you are being considered?

Yes___ No___

If yes, what requirements are needed to accommodate your limitations?

Employment (Start with your present or most recent position)

Name of Employer:		Telephone Number:	
Full Address / Street, City, State, and Zip Code:		Supervisor's Name and Title:	
Start Date:	End Date:		
Summary of experience including special training/skills/qualifications used in the performance of this job:			
Specific reason for leaving:			

Name of Employer:		Telephone Number	
Full Address/ Street, City, State, and Zip Code:		Supervisor's Name and Title:	
Start Date:	End Date:		
Summary of experience including special training/skills/qualifications used in the performance of this job:			
Specific reason for leaving:			

Name of Employer:		Telephone Number:	
Full Address/Street, City, State, and Zip Code:		Supervisor's Name and Title:	
Start Date:	End Date:		
Summary of experience including special training/skills/qualifications used in the performance of this job:			
Specific reason for leaving:			

<p>PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED</p> <p>I certified that all information provided by me in connection with the application, whether on this document or not, is true and complete, and understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, terminated. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States. I understand and agree, I may be required to submit to a drug test as a condition of employment. I consent to such testing as designed by the Company, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s). I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liabilities from any damages which may result from furnishing such information to you.</p> <p style="text-align: center;">THIS APPLICATION MUST BE SIGNED</p> <p style="text-align: center;">SIGN HERE: X _____</p> <p style="text-align: center;">(Applicant Signature) (Date)</p>	
<p>For Employer/HR Department Only:</p> <p>Applicant hired: Yes ___ No ___</p> <p>If yes, Job Title: _____ Department/Project: _____</p> <p>Start Date: _____ Compensation: \$ _____ Per Hour _____ Annual _____ Interviewed by: _____</p> <p>_____ Date: _____</p>	