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.....405 Watertown Road
.....Waterford, OH 45786
.....740-749-3512

Equal Opportunity Employer

- BASED ON THE SAFETY REQUIREMENTS OF THE JOB, YOU MUST BE 18 YEARS OLD
- Per diem is paid to employees based on the distance from their home to the jobsite
- Competitive benefit package offered including: 401K with match, health, vision, dental & life insurance, leave time and holidays

Date Application Filled Out _____

Positions Applied for _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Cell # _____

Height _____ Weight _____ SSN # _____

Do you have your own transportation: yes no

Do you have steel-toed shoes: yes no

Do you have your own telephone: yes no

Are you afraid of heights: yes no

If yes, please explain: _____

Do you have any health reasons not to work long, hard hours: yes no

If yes, please explain: _____

Do you have any OSHA training? yes no If yes, please circle which: 10 hr 30 hr

Do you have a forklift license? yes no

Do you have any welding, masonry, restoration, or caulking experience: yes no

If yes, which one(s) and please describe your experience:

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What is the most important feature to you in a job? _____

What do you like best about your present or previous job? _____

What do you like least about your present or previous job? _____

Why did you accept your present or previous job? _____

Please rank the following from most to least important: (Number 1 to 5, with 1 being most important)

- _____ a. Distance from work
- _____ b. Hours
- _____ c. Job duties
- _____ d. Pay
- _____ e. Work environment

What is the most important feature you look for in a supervisor? _____

How did you find out about this job? _____

REFERENCES

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____

EMPLOYMENT EXPERIENCE

1. Employer Name _____
Address _____
Telephone # _____ Job Title _____
Supervisor _____ Work Performed _____
Dates employed: From _____ to _____
Hourly Rate / Salary: Starting _____ Final _____
Reason(s) for leaving _____

2. Employer Name _____
Address _____
Telephone # _____ Job Title _____
Supervisor _____ Work Performed _____
Dates employed: From _____ to _____
Hourly Rate / Salary: Starting _____ Final _____
Reason(s) for leaving _____

3. Employer Name _____
Address _____
Telephone # _____ Job Title _____
Supervisor _____ Work Performed _____
Dates employed: From _____ to _____
Hourly Rate / Salary: Starting _____ Final _____
Reason(s) for leaving _____

PLEASE FILL OUT FORM

AUTHORIZATION FORM

I, _____

authorize Lang Masonry & Restoration Contractors to obtain information about me from my current and previous employer(s) and school(s) that I have attended.

I also authorize my current and previous employer(s) and school(s) that I have attended, to disclose such information about me to the above listed company as they may request.

I understand that Lang Masonry & Restoration Contractors will require drug-testing prior to hiring and that random testing is routinely conducted thereafter.

I verify that the statements that are made in this application are true and complete. I understand that if I am hired, any false or incomplete statement will be grounds for immediate dismissal.

Applicant Signature _____ Date _____