

Masonry Construction Services of NC, Inc.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

Personal Information

Application Date: _____

NAME (LAST NAME)	(FIRST NAME)	(MI)	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NUMBER	REFERRED BY			

Employment Desired

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED? ___YES ___NO	IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? ___YES _____NO		
EVER APPLIED TO THIS COMPANY BEFORE? ___YES ___NO	WHERE?	WHEN?	

Education History

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

General Information

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPEICAL TRAINING/SKILLS

US MILITARY OR NAVAL SERVICE	RANK
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Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE: MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: References CANNOT be a friend or relative. Reference must be someone who has supervised you.

NAME	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____

DATE _____

INTERVIEWED BY _____

DATE _____