

APPLICATION FOR EMPLOYMENT

**RURAL MASONRY INC
4009 FELLAND ROAD SUITE 115
PO BOX 7156
MADISON WI 53707**

This Company is an equal opportunity employment employer. We do not practice or tolerate discrimination because of race, color, religion, sex, age, national origin, physical impairment, or for any other reason prohibited by applicable law.

1. Name: _____
Last First Middle Initial

3. Address: _____
Street

City State Zip

4. Phone Number: _____

5. Are you over 18 years of age? Yes No

6. Have you ever been convicted of a violation of the law other than a minor traffic violation? Yes No. If yes, please explain. _____

7. Have you ever applied to work with us before? Yes No. If yes, when. _____

8. Do you have a valid driver's license? Yes No

9. Do you have access to adequate transportation to travel to and from work? Yes No
If no, please explain. _____

10. Do you have any disability which may limit your ability to perform the work applied for? Yes No If yes, describe limitation _____

11. Position applied for: _____

12. What events in your past work history would qualify you for this position? _____

13. Previous employment(List present to last job first)

From	To	Name of Employer	Title/Duties	Rate of Pay	Reason Leaving

14. Please identify names and telephone numbers of people to contact to verify this information

15. Have you ever been discharged by an employer? Yes No If yes, please give date and summarize the reason or reasons

16. Education:	Name/Address	Number of Years Completed	Graduate	Major
High School				
College				
Other(specify)				

17. References (other than previous employers or family):

Name	Phone
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Name	Phone
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Name	Phone
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18. I understand that the nature of the business of this company is such that I must be willing to travel. I agree to travel when required or voluntarily terminate my employment.

19. I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind and acknowledge that Rural Masonry Inc is relying on the accuracy of the information provided. I authorize Rural Masonry Inc to verify the accuracy of the information provided herein, and I authorize former employers, educational institution and credit agencies to release information concerning me to Rural Masonry Inc. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I understand and agree that, if hired, my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice with or without reason. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of the Company in a formal written agreement signed by both of us.

I understand that any job offer which may be made is contingent on successfully passing a drug screening and pre-employment physical.

Signature of Applicant

Date

**Self Identification Form
Gender, Ethnicity, Race, Disabled and Veteran Status**

In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment with SRNS. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file.

Name:	CITIZENSHIP Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
	Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Ethnicity
 Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race
 Not Hispanic/Latino

RACE	Race Identification
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
<input type="checkbox"/> Black or African American (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
<input type="checkbox"/> Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> Asian (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.
<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

VETERAN STATUS
Using the definitions as stated in following attachment, please check the box of boxes below to identify yourself in as many covered veterans categories as apply.

YES NO Disabled Veteran

YES NO Other Protected Veteran

YES NO Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)

YES NO Armed Forces Service Medal Veteran

DISABILITY
A "disabled individual" means any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES NO

Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.

Signature _____

Date _____