

N R Weaver Masonry, LLC
3440A Rothsville Road
Ephrata, PA 17522
(717) 733-6565 · (717) 738-3072 Fax

Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ___/___/___
Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other
Name of source (if applicable) _____

Name _____
Last First Middle
Address _____
Street City State Zip Code Social Security No.
Telephone # _____ Cell Phone # _____ E-mail Address _____

If necessary, best time to call you at home is..... : AM/PM

May We contact you at work?..... Yes No

If yes, provide a work number and best time to call _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

In no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____ / /

Have you ever been employed here before Yes No

If yes, give dates..... From ___/___/___ to ___/___/___

Are you legally eligible or employment in this country? Yes No

Date available for work..... ___/___/___ What is your desired salary range?..... \$_____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No.... Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the positions? Yes No

Will you work overtime if required? Yes No

In no, please explain _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's License number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

| | | | | |
|--|------------------|-----------------------------|-----|---|
| EMPLOYER | TELEPHONE NO. | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES |
| ADDRESS | | FROM | TO | |
| STARTING JOB TITLE | ENDING JOB TITLE | HOURLY RATE/SALARY STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | | \$ | PER | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY FINAL | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | \$ | PER | |

| | | | | |
|--|------------------|-----------------------------|-----|---|
| EMPLOYER | TELEPHONE NO. | DATES EMPLOYED | | SUMMARIZE THE TYPE OF WORK PERFORMED & JOB RESPONSIBILITIES |
| ADDRESS | | FROM | TO | |
| STARTING JOB TITLE | ENDING JOB TITLE | HOURLY RATE/SALARY STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | | \$ | PER | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY FINAL | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | \$ | PER | |

| | | | | |
|--|------------------|-----------------------------|-----|---|
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| ADDRESS | | FROM | TO | |
| STARTING JOB TITLE | ENDING JOB TITLE | HOURLY RATE/SALARY STARTING | | |
| IMMEDIATE SUPERVISOR AND TITLE | | \$ | PER | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY FINAL | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | \$ | PER | |

| | | | | |
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| REASON FOR LEAVING | | HOURLY RATE/SALARY FINAL | | |
| MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER | | \$ | PER | |

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background (if job related)

List last three (3) schools attended, starting with most recent. Include number of years completed, degree of diploma earned, grade point average or class rank, major field of study, and minor field of study (if applicable).

| SCHOOL | NUMBER OF YEARS COMPLETED | DEGREE OR DIPLOMA | GPA OR CLASS RANK | MAJOR | MINOR |
|--------|---------------------------|-------------------|-------------------|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

References

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

| NAME | TELEPHONE NUMBER | NUMBER OF YEARS KNOWN |
|------|------------------|-----------------------|
| | () | |
| | () | |
| | () | |

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD, OR ANY OTHER SIMILAR PROTECTED STATUS.

| ORGANIZATION | OFFICES HELD |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD, OR ANY OTHER SIMILAR PROTECTED STATUS. _____

List any additional information you would like us to consider _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

N R WEAVER MASONRY, LLC



3440A Rothsville Road, Ephrata, PA 17522 Phone 717.733.6565 Fax 717.738.3072

In connection with my application for employment, I understand and agree that **background inquires** may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I also understand and agree that I must go for a **Pre-employment Non-Dot Physical, Lift Test and Drug Screening** upon a job offer before I can officially be hired.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

| | | | |
|--|---|--------------|------------------------|
| Last Name | First | Middle | |
| Driver's License Number & State | | | |
| Social Security Number | <u>Response to the questions in this section are optional and voluntary, for ID only</u> Date of Birth: Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/> | | |
| Former Names and time frames (if applicable) | | | |
| _____ | | | |
| _____ | | | |
| Current Address | City/State | Zip & County | Dates (Month and Year) |
| | | | |
| Previous Addresses | City/State | Zip & County | Dates (Month and Year) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Applicant Signature: _____