



# MASONS SUPPLY COMPANY

## APPLICATION FOR EMPLOYMENT (Equal Employment Opportunity Employer)

### GENERAL

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

If employed and under 18, can you furnish a work permit? ☐ YES ☐ NO

Have you ever been employed by Masons Supply Company? ☐ YES ☐ NO

Are you employed now? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

If yes, give name: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this?

Country because of a Visa or Immigration status? ☐ YES ☐ NO

Type of work desired: \_\_\_\_\_

Wages desired: \_\_\_\_\_

Are you willing to relocate? ☐ YES ☐ NO

Do you have a valid driver's license in this state? ☐ YES ☐ NO

License No. \_\_\_\_\_ Has your license ever been revoked? ☐ YES ☐ NO

Can you perform the essential functions of the job(s) for which you are applying? ☐ YES ☐ NO

Are you available to work: ☐ FULL-TIME ☐ PART-TIME ☐ OVERTIME

Where did you hear about us? \_\_\_\_\_

Masons Supply Company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

## EDUCATION

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	HIGH	COLLEGE	GRADUATE
SCHOOL NAME:	_____	_____	_____
YEARS COMPLETED:	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY:	_____		

## SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

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Summarize special skills and qualifications, sales work, driving experience, certifications, employment or other activities related to the job you are seeking:

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## REFERENCES

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List 3 professional reference.

	NAME	OCCUPATION/RELATIONSHIP	TELEPHONE	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

## EMPLOYMENT EXPERIENCE

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Start with your present or last job. List your last 3 jobs in order. Do not omit any jobs.

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_____	_____	____mo/yr - ____mo/yr
EMPLOYER	SUPERVISOR'S NAME	EMPLOYMENT DATES
_____	_____	_____
ADDRESS		TELEPHONE
_____	_____	_____
POSITION TITLE		SALARY (STARTING/ ENDING)

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DUTIES

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WHAT DID YOU LIKE MOST

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WHAT DID YOU LIKE LEAST

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REASON FOR LEAVING

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EMPLOYER

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SUPERVISOR'S NAME

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\_\_\_\_mo/yr - \_\_\_\_mo/yr  
EMPLOYMENT DATES

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ADDRESS

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TELEPHONE

---

POSITION TITLE

---

SALARY (STARTING/ ENDING)

---

DUTIES

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WHAT DID YOU LIKE MOST

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WHAT DID YOU LIKE LEAST

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REASON FOR LEAVING

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EMPLOYER

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SUPERVISOR'S NAME

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\_\_\_\_mo/yr - \_\_\_\_mo/yr  
EMPLOYMENT DATES

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ADDRESS

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TELEPHONE

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POSITION TITLE

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SALARY (STARTING/ ENDING)

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DUTIES

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WHAT DID YOU LIKE MOST

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WHAT DID YOU LIKE LEAST

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REASON FOR LEAVING

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omission. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information records regarding my employment, education, character and qualifications.

[ ☐ ] YES [ ☐ ] NO

I will be responsible for familiarizing myself with all rules and regulations of Masons Supply Company as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of Masons Supply Company or at my option, without notice, at any time, except specifically set forth in writing in a current individual employment agreement.

[ ☐ ] YES [ ☐ ] NO

I also understand that no representative of Masons Supply Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by Senior Management.

[ ☐ ] YES [ ☐ ] NO

**I have read, understand and agree with the above.**

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Signature of Applicant

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Date

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Printed Name of Applicant

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from the signed, I will submit a new application.*

## APPLICANT AUTHORIZAION FOR RELEASE OF INFORMATION

(Please complete this form so we may obtain information from your last employer)

I hereby authorize \_\_\_\_\_ (previous employer) to release information to prospective employers (including anyone claiming to be a prospective employer) regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. *Date of employment*
2. *Position held when started and left*
3. *The quality of my work*
4. *The quantity of my work*
5. *My attendance habits (excluding workers' compensation, pregnancy and other protected absences)*
6. *My relationship with co-workers and supervisors*
7. *My attitude toward work (Cooperative? Positive? Etc.)*
8. *Reason for leaving*
9. *Eligibility for rehire*
10. *Strong points*
11. *Weak points*
12. *Other relevant information regarding my performance, skills, ability, and suitability for employment sought, etc.*

All former employers who provide such information are indemnified and released from liability arising from such disclosures.

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Signature of Applicant

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Date

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Printed Name of Applicant