

# JENKINS MASONRY, INC. EMPLOYMENT APPLICATION

PLEASE PRINT

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Full Name:	_____	Date of Birth:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
Telephone:	_____	Social Security No:	_____
Position Applied For: (Circle One)	<u>      </u> Mason	<u>      </u> Labor	<u>      </u> Other-
Are you a Citizen of the United States?	<u>      </u> YES	<u>      </u> NO	If not, do you have work papers? <u>      </u> YES <u>      </u> NO

## EDUCATION-Name and Location of School

High School:	_____
Did you graduate?	<u>      </u> YES <u>      </u> NO

Business or Trade School:	_____
Did you graduate?	<u>      </u> YES <u>      </u> NO
Degree:	_____

College:	_____
Did you graduate?	<u>      </u> YES <u>      </u> NO
Degree:	_____

## PREVIOUS EMPLOYMENT-Begin with most recent position

Company:	_____	Address:	_____
Nature of Business:	_____	Supervisor's Name:	_____
Dates of Employment:	_____	Position Held:	_____
Ending Hourly Pay:	_____	Reason for Leaving:	_____

Company:	_____	Address:	_____
Nature of Business:	_____	Supervisor's Name:	_____
Dates of Employment:	_____	Position Held:	_____
Ending Hourly Pay:	_____	Reason for Leaving:	_____

## REFERENCES

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Please list two (2) people to whom you are not related and by whom you have not been employed.

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

## EMERGENCY CONTACTS

Please list two (2) people that we could contact in case of an emergency.

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

## CONSENT FOR DRUG SCREEN AND RELEASE FORM- PLEASE READ AND SIGN BELOW:

I certify that my answers are true and complete to the best of my knowledge.

I authorize Jenkins Masonry to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I hereby consent to submit to urinalysis and/or have test as shall be determined by Jenkins Masonry in the selection process of application for employment, for the purpose of determining the drug content thereof.

I agree that **Occupational Health Services** may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis. I further agree to and hereby authorize the release of the results of said tests to Jenkins Masonry.

I understand that it is the current illegal use of drugs and /or abuse of alcohol that prohibits me from being employed at this company.

I further agree to hold harmless Jenkins Masonry and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with Jenkins Masonry's consideration of my employment application.

I further agree that a reproduced copy of the pre-employment consent and release form shall have the same force and effect as the original.

**I have carefully read the above statement and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.**

**Applicant:**

**Print Name:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_