

Brothers Masonry's Employment Application Form

Total Years of Experience: _____

Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ City: _____

State: _____ Zip: _____ How long at current residence: _____

Social Security Number: _____ - _____ - _____

Telephone number: (_____) _____ - _____ Are you over the age of 18? YES NO

If "YES" can you provide proof of your eligibility to work? YES NO

Are you currently authorized to work in the United States? (Proof of eligibility will be required if hired) YES NO

Are you currently under a doctor's supervision for a workers' compensation related claim?: YES NO

Position applied for: _____ Do you have a driver's license? YES NO

Drivers license #: _____ State Issued: _____ Exp. Date: _____ / _____ / _____

Work Experience – Please list the past two companies you have worked for

Company: _____ Type of Work: _____

Location: _____ Duration of Employment: _____

Company: _____ Type of Work: _____

Location: _____ Duration of Employment: _____

May we contact you previous employers?: YES NO

Did you fill out this application yourself?: YES NO If "NO", who did?: _____

I understand that all the above information is correct to the best of my knowledge. If I find out that any of the above is not true, I will contact the office as soon as possible and provide them with the correct information. I also understand that the duration of my employment at Brothers Masonry is unknown and I may be terminated or let go with no reason or prior notification.

Yo entiendo que todo la información es correcto al mejor de mi reconocimiento. Si averiguo que cualquiera de la información nos es verdadera, yo contactare la oficina lo mas pronto posible y les proveeré con la información correcta. Entiendo también que la duración de mi empleo con Brothers Masonry es desconocida y puedo ser corrido o descansado sin razón o notificación previa.

Signature of Applicant: _____ **Date** _____ / _____ / _____

For Office Use Only / Para Uso De La Oficina Solamente					
If hired, date of hire:	/	/	Job sent to:	Foreman:	
Forklift Certified?:	YES	NO	If yes, copy of certification:	YES	NO
Copy of Photo ID:	YES	NO	Copy of Social Security Card:	YES	NO
Filled out by:			Predicted Rate of Pay:	\$.
Signature:			Date:		