Setting the Standard in Site-Cast Construction

1747A Panorama Point Lafayette, CO 80026
Office 303-666-8800 Fax 303-604-0031

Office Use Only

Start Date: _____ Pay Rate: _____ Position: _____

APPLICATION FOR EMPLOYMENT

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with Federal, state and local statutes, regulations and ordinances

Panel Masters, Inc. utilizes the E-Verify Employment Eligibility Verification system to verify the right to work of all employees hired/rehired on or after 02/23/2010.

General

Date: _____ Position Applied For: _____ When Can You Start: _____

Social Security Number: ☐☐☐ – ☐☐ – ☐☐☐☐

Name: _____ Home Phone: ( ) _____
Last First M.I.

Current Address: _____
Street City State Zip Code

Prior Address
If less than 2 yrs at current address: _____

Education: Please circle the highest grade completed. **7 8 9 10 11 12 13 14 15 16 16+**

☐Yes ☐No Do you have an appropriate valid drivers license?
If yes, DL # _____ Type: _____ State of Issue: _____

☐Yes ☐No Have you had your driver's license suspended or revoked in the last 3 years?
If yes, please give details: _____

☐Yes ☐No Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?

List any other skills, licenses or certificates that might be job-related or that you feel would be of value to this job or company:

_____

_____

Security

List states and counties of residence for the past seven years: _____

☐Yes ☐No Have you used any names or Social Security numbers other than those on this page?
If so, please list: _____

IN CASE OF EMERGENCY

Contact: _____
Name Relationship Phone Number City/ State

List names of employers in consecutive order with present or last employer first. Account for any gaps in employment including military services and any periods of unemployment. **Note: A job offer may me contingent upon acceptable references from current and former employers.**

WORK HISTORY - Five Years or Last 2 Employers

MOST RECENT EMPLOYER ☐ No prior work history (check if applicable)

Are you currently working for this employer? Yes ☐ No ☐ If yes may we contact? Yes ☐ No ☐

Dates of Employment
From: __ __ / __ __ **To:** __ __ / __ __
(Include both the month and year)

Company Name: _____
City/State: _____
Phone: _____
Supervisor: _____

Job Title: _____ **Duties:** _____

Salary: _____ **Per:** _____ (hour, week, month) **Reason for Leaving** _____

SECOND MOST RECENT EMPLOYER ☐ No prior work history (check if applicable)

Are you currently working for this employer? Yes ☐ No ☐ If yes may we contact? Yes ☐ No ☐

Dates of Employment
From: __ __ / __ __ **To:** __ __ / __ __
(Include both the month and year)

Company Name: _____
City/State: _____
Phone: _____
Supervisor: _____

Job Title: _____ **Duties:** _____

Salary: _____ **Per:** _____ (hour, week, month) **Reason for Leaving** _____

EXPLANATION OF ALL GAPS IN EMPLOYMENT: _____

Affidavit, Consent, and Release

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand i may be required to successfully pass a drug screening examination. I hereby consent to pre-and/or post employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre=-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GURANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INOT AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUCT BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

_____ SIGNATURE

_____ DATE

APPLICANT EEO or AFFIRMATIVE ACTION INFORMATION:

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability. Equal Employment Opportunity Employers are required by the Federal Government to provide statistical information about applicants and/or employees to demonstrate that the facility meets the equal employment opportunity requirements.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPAATELY FROM YOUR APPLICATION FORM.

Please Print

Name: _____ Date _____
LAST FIRST MIDDLE

Position Applied For: _____

Gender: ☐ Male ☐ Female

Racial / Ethnic Origin:

- ☐ White
- ☐ American Indian / Alaskan Native
- ☐ Black
- ☐ Hispanic / Latino
- ☐ Asian / Pacific Islander

Veteran Status

☐ Yes ☐ No **Are you a Vietnam Era Veteran?**

A person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released therefrom with other than a dishonorable discharge of for a service connected disability.

☐ Yes ☐ No **Are you a disabled veteran?**

A person entitled to disability compensation under the laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

☐ Yes ☑ No **Do you have a mental or physical disability?**

A person who has a mental or physical impairment that substantially limits one or more major life activity, who has a record of such impairment, or who is regarded as having such an impairment