

Commercial Builders Lic. #388218



(661) 948-7859 • Fax: (661)942-7258  
1120 W Avenue L-8• Lancaster, CA 93534

# APPLICATION FOR EMPLOYMENT

We are an "at-will", equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status. Offers of employment may be contingent on application passing a job-related physical examination and/or a skills agility test.

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Position & Wage Desired: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Education	Name & Location	Grade Completed
Grammar School		K 1 2 3 4 5 6 7 8
High School		1 2 3 4 Graduate? Yes / No
College		1 2 3 4 Graduate? Yes / No
Trade or Business		1 2 3 4 Graduate? Yes / No

## Former Employment List below your last employers or mayor periods of unempoyment (1 month or more)

Date-Month/Year	Name, Address and Phone # of Employer and/or List Periods of Unemployment	Salary on Leaving	Position	Reason for Leaving
From To				
From To				
From To				
From To				

## References List below three persons not related to you, whom you have known at least one year.

Name	Address & Phone Number	Position	Years Acquainted

Are you able to perform the tasks of the job applied for?  Yes  No (This may be with or without accommodation)

Have you ever been convicted of a felony or serious misdemeanor or do you have a case pending?  Yes  No  
A conviction will not necessarily disqualify you from employment.

### Certification:

I certify that I am eligible to work in the United States and I certify that I have given true, accurate and complete information on this form to the best of my knowledge.

I authorize investigation on all statements contained in this application. I understand that misrepresentation, or the omission of any information requested in this application process, may result in dismissal. I authorize all former employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. Further, I understand and agree that my employment is "at-will" which is for no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without any previous notice.

I accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.

Have you ever worked on a scaffold?  Yes  No If so, are you certified?  Yes  No  
Have you ever worked on a forklift?  Yes  No If so, are you certified?  Yes  No  
How many blocks can you lay a day? (Give an estimate) \_\_\_\_\_  
What is the total years you have of experience in masonry work? \_\_\_\_\_

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

Note: Applications are effective for a period of 60 calendar days. Re-apply to maintain an effective application.