



COMMERCIAL / RESIDENTIAL DRYWALL CONTRACTORS

Application for Employment

Please complete and mail to: EJ Drywall, Inc
1041 Sawyer Rd
Greene, ME 04236

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Applicant name: _____ Date: _____
Position(s) applied for or type of work desired: _____ Date of Birth: _____
Address: _____
Telephone #: _____ Cell #: _____ Social Security#: _____
E-Mail: _____ Requested Rate of Pay: _____

Drywall Phases you can do: Frame Hang Tape E.I.F.S Labor/Driver Other _____
Type of employment desired: Full-Time Part-time Temporary
Date you will be available to start work: _____ Total Years of Experience _____

Are you able to meet the attendance requirements? Yes No
Do you have any objection to working overtime if necessary? Yes No
Can you travel if required by this position? Yes No
Have you ever been previous employed by our organization? Yes No
Can you submit proof of legal employment authorization and identity? Yes No
If you are under 18, can you furnish a work permit if it is required? Yes No
Have you ever been convicted of a crime in the last 7 years? Yes No
If yes, please explain (a conviction will not automatically bar employment): _____

Driver's license number (if driving is an essential job duty): _____
How were you referred to us? _____

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____
Address: _____ Telephone: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Pay Rate: _____
Job summary: _____
Reason for leaving: _____

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Immediate supervisor and title: _____
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Employment History (continued)

Employer: _____ Position held: _____
Address: _____ Telephone: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Pay Rate: _____
Job summary: _____
Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Pay Rate: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned:

High School: _____
College: _____
Technical Training: _____

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, public sources, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand this it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand I will be required to pass a physical examination before a final offer of employment is made. E.J. Drywall, Inc. will incur the cost of the physical after completing two weeks of employment or if terminated by E.J. Drywall, Inc.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Office Use Only: Pre-Employment Physical Completed: _____ DOH: _____ New Hire Report: _____ Employee Handbook: _____ Key Tabs: _____
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