



# Application for Employment

Please select the job position you are applying for:

- |   |   |
|---|---|
| <input type="checkbox"/> General Laborer        | <input type="checkbox"/> Operator       |
| <input type="checkbox"/> Carpenter / Formsetter | <input type="checkbox"/> Leadman        |
| <input type="checkbox"/> Cement Mason           | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Other _____            |   |

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

Approved By: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Pay Rate \$ \_\_\_\_\_  
(For Office Use Only)

## Personal Information

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Message Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State Zip Code

Email Address (If available) \_\_\_\_\_

Date Available for work \_\_\_\_\_ Salary Requested \$ \_\_\_\_\_

Driver's License: Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_ License # \_\_\_\_\_ Exp. date \_\_\_\_/\_\_\_\_/\_\_\_\_

Willing to Travel: Yes \_\_\_ No \_\_\_ Any Special Licenses: \_\_\_\_\_

Resume included with this application: Yes \_\_\_ No \_\_\_

## Education

High school School Name \_\_\_\_\_ Courses: \_\_\_\_\_ Diploma: Yes / No

College \_\_\_\_\_ Degree: \_\_\_\_\_

Trade/business school \_\_\_\_\_ Certification: \_\_\_\_\_

Other Training \_\_\_\_\_

## Work Experience

Special Skills: \_\_\_\_\_

## Former Employers

Name/Address Former Employers (starting with the most recent):

1 \_\_\_\_\_ Date Hired \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2 \_\_\_\_\_ Date Hired \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

\_\_\_\_\_ Position \_\_\_\_\_

\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Former Employers Con't.

3 \_\_\_\_\_ Date Hired \_\_\_/\_\_\_/\_\_\_ Date Left \_\_\_/\_\_\_/\_\_\_ Rate of Pay \$ \_\_\_\_\_  
\_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**References** (of those known for at least 1 year)

Name	Address	Phone#
1. _____		
2. _____		
3. _____		

**Limitations:** Do you have any limitations which would prohibit you from performing any task? If yes, Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

**Drug Screen Policy**

**Initial Hire:**

New hires are required to take a drug screen. If you are found to be positive, you will not be hired.

**Probable Cause:**

If you are suspected of drug use or sales, you will be required to take a drug test. If the results are positive, you will be required to pay for the test, and may be terminated.

**Injury:**

If you are injured on the job and have to seek medical attention, you will be required to take a drug test. If the results prove to be positive, you are responsible for the payment of the drug test, and may be terminated.

**Refusal:**

Refusal to take a drug test under any circumstances may result in immediate termination.

I have read and understand the Drug Screen Policy and agree to the conditions.

I certify that my responses above are true and complete. I understand that the Noel Company, Inc. will rely on this information. Untrue or incomplete response may disqualify me from collecting workman's compensation benefits for later, related on-the job injuries and may be grounds for discharge.

I authorize Noel Company, Inc. to obtain information from any prior employer regarding me, and I release Noel Company, Inc. and all prior employers from liability arising from the release of information about me.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**This application will be considered active for a period of two (2) weeks.**