



**APPLICATION FOR EMPLOYMENT**  
**PRE-EMPLOYMENT QUESTIONNAIRE**  
**MOLTZ CONSTRUCTION, INC.**  
**AN EQUAL OPPORTUNITY EMPLOYER**

**CORPORATE OFFICE:**  
 8807 CR 175  
 P.O. BOX 729  
 SALIDA, CO 81201  
**PHONE: (719) 539-7319**  
**FAX: (719) 539-7695**

**NORTH OFFICE:**  
 975 MERCHANT COURT  
 WINDSOR, CO 80550  
**PHONE: (970) 330-3248**  
**FAX: (970) 330-5623**

**PERSONAL INFORMATION**

DATE
DO YOU HAVE A VALID DRIVER'S LICENSE?
DO YOU HAVE A VALID CDL LICENSE?

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

HOME NUMBER CELL NUMBER EMAIL  
 ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? ARE YOU 18 YEARS OR OLDER?  
 Yes  No  Yes  No

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

HAVE YOU WORKED FOR US BEFORE?	ARE YOU WILLING TO WORK OVERTIME?	ARE YOU WILLING TO TRAVEL?
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REFERRED BY \_\_\_\_\_ LIST LOCATIONS YOU ARE WILLING TO WORK (SUBJECT TO AVAILABILITY/CURRENT JOBSITES)

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?		

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. (OSHA Certification, any licenses, certifications, etc.)

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**EMPLOYMENT: PLEASE ATTACH RESUME AND/OR GIVE ACCURATE AND COMPLETE FULL TIME EMPLOYMENT RECORD.  
LIST MOST RECENT EMPLOYER FIRST.**

Employer:	Telephone:
Address:	Position:
Dates of Employment: Start                                  End	Name of Supervisor:
Rate of Pay: Start                                  End	Reason for leaving:
Job Title and description of duties:	What did you like the most?          What did you like least?
Employer:	Telephone:
Address:	Position:
Dates of Employment: Start                                  End	Name of Supervisor:
Rate of Pay: Start                                  End	Reason for leaving:
Job Title and description of duties:	What did you like the most?          What did you like least?
Employer:	Telephone:
Address:	Position:
Dates of Employment: Start                                  End	Name of Supervisor:
Rate of Pay: Start                                  End	Reason for leaving:
Job Title and description of duties:	What did you like the most?          What did you like least?
Have you ever been discharged or reprimanded for violating a safety policy? If you answered yes, please explain in full. Yes <input type="checkbox"/> No <input type="checkbox"/>	

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS, OMISSIONS, OR MISREPRESENTATIONS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.  
I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.  
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.  
I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



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Salida, Colorado

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**LIST OF EXPERIENCE**  
Please complete the following:

	<b>NO EXPERIENCE (WOULD LIKE TO LEARN)</b>	<b>SOME EXPERIENCE (STILL NEED DIRECTION)</b>	<b>EXPERIENCED (MINIMAL DIRECTION NEEDED)</b>	<b>COMMENTS</b>
SUPERVISION				
COMMERCIAL CONSTRUCTION				
RESIDENTIAL CONSTRUCTION				
POLE BUILDING ERECTION				
STEEL BUILDING ERECTION				
EQUIPMENT OPERATION - LIST TYPE				
SURVEY/STAKEOUT/BUILDING LAYOUT				
CONCRETE SLABS				
CONCRETE FOOTINGS & FOUNDATIONS				
CONCRETE FINISHING				
WELDING				
ROUGH CARPENTRY				
HAND POWER TOOLS, SAW, NAIL GUN				
FINISH CARPENTRY (TRIMWORK)				
WALL FORMWORK				
PLASTIC PIPE (SPECIFY PUSH TYPE, GLUE TYPE)				
METAL/VINYL/HARDIBOARD SIDING				
HANGING METAL OR WOOD DOORS/WINDOWS				

STEEL STUD FRAMING				
DRYWALL FINISHING				
ACOUSTICAL CEILING TILE				
HVAC				
PLUMBING-JOURNEYMAN OR APPRENTICE				
OTHER SKILLS? PLEASE LIST				