

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

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

PERSONAL INFORMATION					DATE			
					DO YOU YAVE A VALID DRIVER'S			
					LICENSE?			
NAME					DO YOU HAVE A	A VALID CDL LICENSE?		
LAST	FIRST		MIDDLE		1			
PRESENT ADDRESS	ATREET.		OITY		OTATE	710 0005		
	STREET	,	CITY		STATE	ZIP CODE		
PERMANENT ADDRESS								
	STREET		CITY		STATE	ZIP CODE		
LIONAE NUMBER	OFIL NUM	IDED						
HOME NUMBER	CELL NUMBER			EMAIL	EARS OR OLDER)		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UI		E UNITED STATES	o	Yes No		!		
				.00 2				
EMPLOYMENT DESIRE								
	DATE YOU			SALARY				
POSITION		CAN START			DESIRED			
		IE 00	E 100	<u> </u>				
ARE YOU EMPLOYED NOW?	·	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?						
AND TOO EIVIPLOTED NOW!		TOUR PRESE	IVI LIVIPLUT	LIX!				
EVER APPLIED TO THIS COM	-	WHERE? WHEN?						
			ARE YOU W	ILLING TO WORK	,			
HAVE YOU WORKED FOR US		OVERTIME?			NG TO TRAVEL?			
						O AVAILABILITY/CURRENT		
		JOBSITES)						
REFERRED BY								
EDUCATION	OATION OF CO.	CATION OF SCHOOL		DID YOU	OLID IFOTO OTLIBUTE			
EDUCATION NAME AND LOG				CATION OF SCH	GRADUATE?	SUBJECTS STUDIED		
					1			
HIGH SCHOOL								
COLLEGE								
COLLEGE								
TRADE, BUSINESS, OR					+			
CORRESPONDENCE								
SCHOOL								
				DDE05::5::	4DEDOUIS	10NAL 0HARE 05		
U.S. MILITARY OR NAVAL SERVICE		DANIZ			MBERSHIP IN NATIONAL GUARD OR			
	RANK	nomite de		ribe your full qualifications for the specific postion for which				
you are applying. (OSHA Cer				inse your tuil qua	imications for the	specific postion for which		
you are applying. (OditA Cel	oation, any nochises	., ser ancadons, e	,					

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: Name of Supervisor: Start End Rate of Pay: Reason for leaving: Start Fnd Job Title and description of duties: What did you like the most? What did you like least? Employer: Telephone: Address: Position: Dates of Employment: Name of Supervisor: Start End Rate of Pay: Reason for leaving: Start End Job Title and description of duties: What did you like the most? What did you like least? Telephone: Employer: Address: Position: Dates of Employment: Name of Supervisor: End Rate of Pay: Reason for leaving: End Start 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, plese explain in full. Yes 🗆 No □ REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. YEARS **ADDRESS BUSINESS** NAME **ACQUAINTED** 1 2 3

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

[&]quot;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.



LIST OF EXPERIENCE Please complete the following:

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	NO EXPERIENCE (WOULD LIKE TO LEARN)	SOME EXPERIENCE (STILL NEED DIRECTION)	EXPERIENCED (MINIMAL DIRECTION NEEDED)	COMMENTS
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		
STEEL STOD I KAMING		
DRYWALL FINISHING		
ACOUSTICAL CEILING TILE		
HVAC		
PLUMBING-JOURNEYMAN OR APPRENTICE		
OTHER SKILLS? PLEASE LIST		