



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

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

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

PERSONAL INFORMATION

NAME <small>LAST FIRST MIDDLE</small>	DATE DO YOU YAVE A VALID DRIVER'S LICENSE? DO YOU HAVE A VALID CDL LICENSE?
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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	LOCATION 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				

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

(CONTINUED ON OTHER SIDE)

**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:
Permission to contact employer? Yes _____ No _____	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:
Permission to contact employer? Yes _____ No _____	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:
Permission to contact employer? Yes _____ No _____	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 _____