

EMPLOYMENT APPLICATION / HAXTON MASONRY INC.

PERSONAL INFORMATION		DATE	
FULL LEGAL NAME (as it appears on your social security card)			
ADDRESS		CITY	STATE ZIP
PERSONAL PHONE	BUSINESS PHONE	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

POSITION APPLYING FOR:	DATE AVAILABLE:
IF HIRED: Can you present evidence of your legal right to work in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> No
Would you have a reliable means of transportation to and from work?	<input type="checkbox"/> YES <input type="checkbox"/> No

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		STARTING WAGE \$ PER	FINAL WAGE \$ PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		STARTING WAGE \$ PER	FINAL WAGE \$ PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
JOB TITLE	START DATE	LEAVE DATE	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		STARTING WAGE \$ PER	FINAL WAGE \$ PER
SUPERVISOR (NAME & TITLE)		TELEPHONE NO.	

AUTHORIZATIONS - Please read carefully, initial each paragraph, and sign below:

_____ **TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

_____ **AUTHORIZATION TO INVESTIGATE:** I authorize any person or organizations referenced in this application to give the Company any & all information concerning my previous employment, education, or any other information they have, with regard to any subjects covered by this application, & release all such parties from the liability for any damage that may result from furnishing such information. I authorize the Company to request & receive such information.

_____ **AT-WILL-RELATIONSHIP:** I understand & agree that if I am offered employment with the Company it will be on an "at-will" basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the Company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

SIGNATURE

DATE