

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____

PRESENT ADDRESS _____
CITY STATE/ZIP

PERMANENT ADDRESS _____
CITY STATE/ZIP

ARE YOU 18 YEARS OR OLDER? PHONE _____
 YES NO

CELL _____

DESIRED EMPLOYMENT

POSITION _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR FORMER EMPLOYER
 YES NO YES NO

EVER APPLIED TO THIS COMPANY BEFORE? WHEN? _____
 YES NO

EVER WORKED FOR THIS COMPANY BEFORE? WHEN? _____
 YES NO

REASON FOR LEAVING _____

HOW DID YOU HEAR ABOUT THIS COMPANY? _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION	NO. OF YRS ATTENDED	DID YOU GRADUATE?	SUBJECT
GRAMMAR / HIGH SCHOOL				
COLLEGE / TRADE SCHOOL				

REFERENCES

BELOW GIVE THE NAME OF TWO PERSONS YOU ARE NOT RELATED TO WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS YES NO

IF YES PLEASE EXPLAIN, (WILL NOT EXCLUDE YOU FROM CONSIDERATION)

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT OR SUPPLY A RESUME

NAME OF PRESENT EMPLOYER

ADDRESS	CITY	STATE	ZIP
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STARTING DATE	LEAVING DATE	JOB TITLE
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WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF SUPERVISOR	TITLE	PHONE
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DECRPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS EMPLOYER

ADDRESS	CITY	STATE	ZIP
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STARTING DATE	LEAVING DATE	JOB TITLE
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WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF SUPERVISOR	TITLE	PHONE
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DECRPTION OF WORK

REASON FOR LEAVING

NAME OF PREVIOUS EMPLOYER

ADDRESS	CITY	STATE	ZIP
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STARTING DATE	LEAVING DATE	JOB TITLE
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WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF SUPERVISOR	TITLE	PHONE
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DECRPTION OF WORK

REASON FOR LEAVING

JOB QUALIFICATIONS

PLEASE CHECK ALL THOSE THAT APPLY TO YOU:

- | | | |
|---|------------------------------|-----------------------------|
| 1. You have been previously trained on and completed Respirator Fit Testing: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. You have been previously trained and understand the 2015 Global Harmonization System: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. You have received training previously (and retain a card stating such) on operating forklifts: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. You have received training previously (and retain a card stating such) on proper safe handling of Scaffolds: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. You have received training previously (and retain a card stating such) on operating Aerial Lifts: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Are you capable of lifting a minimum of 97-lbs of dead-weight from ground level to chest height repetitively, with or without reasonable accommodations: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Are you capable of working on your knees (with kneepads) an entire work day repetitively, with or without reasonable accommodations: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Many of our installation processes require us to work with Epoxy Resin and Hardeners, if you have an allergy to Epoxy or any other chemicals do you have a method to work with these materials, without harm to your body? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Do you have a reliable method of transportation that will allow you to get to and from work daily? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. Do you have the ability to show up "on time" and be ready for work at day start as requested by your supervisor? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. Our project schedules require us to work mornings, mid-days, afternoons, nights & weekends. Should the project require any of the above noted times, would you be willing and able to work under all of these schedules? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

AUTHORIZATION

" 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 ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL."

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYER 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 FOR ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OR SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO AND 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.

**This application is not intended to and does not create a contract or offer of employment. If hired, employment with the company would be on an at-will basis and could be terminated at the will of either party.*

***WTGTT's does not discriminate against any employee or applicant for employment on the basis of race, color, religion, creed, age, sex, national origin, ancestry, marital status, pregnancy, disability, sexual orientation, status with regard to public assistance, or any other characteristic protected under federal, state, or local law.*

****If needed WTGTT will provide reasonable accommodations for the application process and during employment****

WTG TERRAZZO & TILE, INC. RESERVES THE RIGHT TO TEST ALL APPLICANTS FOR DRUGS AND DOES RANDOM DRUG TESTING

DATE

SIGNATURE

PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____

APPLICATION TRACKING DATA

Completion of this portion of the application form is voluntary. The data will be used solely for research and statistical purposes and in no way affects employment decision.

Ethnic Group: (Check One)

- White (Not of Hispanic origin - includes Indo-European, Pakistani and East Indian)
- Black (Includes African, Jamaican, Trinidadian and West Indian)
- Hispanic (Includes Mexican, Puerto Rican, Cuban, Central or South American and Spanish)
- Asian or Pacific Islander (Includes person of the Far East, South East, Asia, the Indian Sub-Continent or the Pacific Islands)
- American Indian or Alaskan Native (Includes person who identify themselves or are known as such by virtue of tribal association)
- Other

Sex: (Check One)

- Male
- Female

Disability Status: (Check One)

- Visual, Hearing, Speech, Physical Impairment or disability
- Other Impairment or disability, please specify _____
- No disability or impairment