



NITTERHOUSE MASONRY PRODUCTS, LLC

Employment Application

To Applicant: We appreciate your interest in our company. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. We consider applicants for all positions without regard to race, religion, gender, national origin, age, marital status, disability, Vietnam Era Veteran Status, or any other legally protected status. EOE

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Would you work full time?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to work 2 nd or 3 rd shift?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
		NO <input type="checkbox"/>			NO <input type="checkbox"/>
Would you work part time?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you willing to work overtime?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
		NO <input type="checkbox"/>			NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
		NO <input type="checkbox"/>			NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
List any friends or relatives working here:					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
MILITARY SERVICE					
Branch			From To		
Rank at Discharge			Type of Discharge		
If other than honorable, explain					

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Contact Claudia Heefner @ Nitterhouse Masonry Products with Questions (717) 267 4581	

JOB APPLICANT'S AGREEMENT AND CERTIFICATION	
<p>I certify the information given by me in this application is true in all respects, and agree that if the information is found to be false in any way, it will be considered sufficient cause for denial of employment or discharge. I authorize the use of this information to verify my statements and authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from all liability or damages for having provided such information.</p> <p>I understand that nothing contained in this employment application or in granting an interview is intended to create an employment contract.</p> <p>I understand if employed, Company policies and rules are conditions of employment and may be revised, in whole or in part, at any time. The Company reserves and retains the right to make changes in the terms and conditions of my employment as they determine appropriate.</p> <p>I understand this application will expire after ninety (90) days from the date completed, after which time I must re-apply in accordance with Company procedures.</p>	
Signature	Date

APPLICANTS CONSENT FOR DRUG ANALYSIS

I, the undersigned applicant, understand that any conditional offer of employment will be subject to satisfactory completion of a drug analysis within 24 hours of notification.

I consent to pre-employment drug analysis including tests for drugs and substances subject to abuse, and I authorize the release to appropriate personnel within the Company any information pertinent to my employment, including the results of these tests. I understand and agree positive test results or any attempt to alter the sample will prevent me from being hired. I may request a second test be performed on the specimen yielding a positive result, at my expense.

Deposit in the amount of \$40.00 must be paid prior to testing. If further testing is needed for confirmation an additional \$22.00 will be due. Deposit will be refunded in full if hired and successfully completes 40 hours of employment.

Signature	Date: Time:
-----------	----------------

Witness Signature	Date
----------------------	------