

### **PO Box 1861** Battle Ground, WA 98604 Phone: (360)666-9018 Fax: (360)666-9021

Email:office@mjscontracting.com

# Employee Application Please fully complete the following forms

| SECTION 1) Personal Information:         |                                                    |
|------------------------------------------|----------------------------------------------------|
| Type of Employment Desired:              |                                                    |
| Full Time□ Part Time□ Tempora            | rv□ Seasonal□                                      |
| How did you hear about us?               |                                                    |
| Name:                                    |                                                    |
| Street Address:                          |                                                    |
| Mailing Address:                         |                                                    |
| City/State/Zip:                          |                                                    |
| Phone:                                   |                                                    |
| Drivers License Number:                  |                                                    |
|                                          |                                                    |
| Position applied for:                    |                                                    |
| ☐ Laborer                                | ☐ Apprentice Taper                                 |
| ☐ Job Foreman                            | ☐ Journeyman Taper                                 |
| ☐ Estimator (QST & QB)                   | ☐ Apprentice Acoustical Ceilings                   |
| ☐ Project Manager                        | ☐ Journeyman Acoustical Ceilings                   |
| ☐ Office Position                        | ☐ Apprentice Framer/Hanger                         |
|                                          | □Journeyman Framer/Hanger                          |
| Data and Italia for any da               |                                                    |
|                                          |                                                    |
| Are you under 18?                        |                                                    |
| What is your desired salary/pay range?   |                                                    |
| List any reason known to you why you     | might not be able to perform consistently or       |
| promptly the position you applied for:   | anight not be able to perform consistently of      |
| promptry the position you applied for    |                                                    |
|                                          |                                                    |
|                                          |                                                    |
| CRIMINAL RECORD: (Conviction of          | a crime is not an automatic bar to employment.     |
|                                          | e crime, length of time since conviction/sentence, |
| the nature of job which you have applied |                                                    |
|                                          | uilty or No Contest or Forfeited Bond or Bail for  |
| any crimes? Yes □ No □                   |                                                    |
| If yes, Explain:                         |                                                    |

|                                                                                              | Hi      | gh Sch                           | ool                      | Col     | lege/l        | Jniver          | sity   | Gra             | duate/           | Profess | sional |
|----------------------------------------------------------------------------------------------|---------|----------------------------------|--------------------------|---------|---------------|-----------------|--------|-----------------|------------------|---------|--------|
| School Name                                                                                  |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Years Completed                                                                              | 9       | 10 1                             | 1 12                     | 1       | 2             | 3               | 4      | 1               | 2                | 3       | 4      |
| (Circle)                                                                                     |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Year of                                                                                      |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Graduation/Completion                                                                        |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Diploma/Degree                                                                               |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Any other Specialized                                                                        |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Trade Training, Apprenticeship, Extra                                                        |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Activities.                                                                                  |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| OPOMIONAL TO                                                                                 |         | ,                                |                          |         |               |                 |        |                 |                  |         |        |
| SECTION 3) Work Ex                                                                           | peri    | ience:                           |                          |         |               |                 |        |                 |                  |         |        |
| Are you currently emplo                                                                      | yed'    | ? Yes                            | □ No                     | $\Box$  |               |                 |        |                 |                  |         |        |
| May we contact your em                                                                       | •       |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Were you ever discharge                                                                      | ed fr   | om any                           | emplo                    | yment   | for re        | easons          | other  | r than          | lack o           | f work  | ?      |
| Yes □ No□                                                                                    |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| If yes, please explain det                                                                   | tails   | <b>:</b>                         |                          |         |               |                 |        |                 |                  |         |        |
|                                                                                              |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
| Did you ever resign from                                                                     | n em    | nlovm                            | ent rath                 | er tha  | n face        | dismi           | ssal Y | Zes 🗆           | No               |         |        |
| If yes, Please explain det                                                                   |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
|                                                                                              |         |                                  |                          |         |               |                 |        |                 |                  |         |        |
|                                                                                              |         |                                  |                          |         |               |                 |        | 7 Ye            |                  | No      |        |
| Δre you a veteran/curren                                                                     | ntlsz ( | active i                         | n anv o                  | f the I | IC Ar         | med H           | orces  |                 | $\sim$ $\square$ | 110     |        |
| Are you a veteran/curren                                                                     | ntly    | active i                         | n any o                  | f the U | J <b>S</b> Ar | med F           | orces  | . 10            |                  |         |        |
| ·                                                                                            | •       |                                  | •                        |         |               |                 |        |                 | ecent 1          | positio |        |
| Are you a veteran/current Fill out ALL periods of Include self employment                    | f em    | ploymo                           | ent bel                  | ow. St  | art p         | resent          | or m   | ost r           | •                | positio |        |
| Fill out ALL periods of<br>Include self employmen                                            | f em    | ploymo                           | ent bel                  | ow. St  | art p         | resent<br>, and | or m   | ost ro          | work.            |         |        |
| Fill out ALL periods of                                                                      | f em    | ploymo<br>JS Arm                 | ent beloed for           | ow. St  | art p         | resent<br>, and | or m   | ost re<br>nteer | work.  ork D     | uties   |        |
| Fill out ALL periods of Include self employment Employer:                                    | f em    | ploymo                           | ent beloed for           | ow. St  | art p         | resent<br>, and | or m   | ost re<br>nteer | work.            | uties   |        |
| Fill out ALL periods of<br>Include self employmen                                            | f em    | ploymo<br>JS Arm                 | ent beloed for           | ow. St  | art p         | resent<br>, and | or m   | ost re<br>nteer | work.  ork D     | uties   |        |
| Fill out ALL periods of Include self employment Employer:                                    | f em    | ploymo<br>JS Arm                 | ent beloed for           | ow. St  | art p         | resent<br>, and | or m   | ost re<br>nteer | work.  ork D     | uties   |        |
| Fill out ALL periods of Include self employment  Employer:  Address:  Telephone:             | f em    | ploymo<br>JS Arm                 | ent beloned for  Date m: | s Emp   | art p         | To:             | or m   | ost re<br>nteer | work.  ork D     | uties   |        |
| Fill out ALL periods of Include self employment  Employer:  Address:                         | f em    | ployme<br>J <b>S Arm</b><br>From | Date m:                  | s Emp   | art p         | To:             | or m   | ost re<br>nteer | work.  ork D     | uties   |        |
| Fill out ALL periods of Include self employment  Employer:  Address:  Telephone:  Job Title: | f em    | ploymo<br>JS Arm                 | Date m:                  | s Emp   | art p         | To:             | or m   | ost re<br>nteer | work.  ork D     | uties   |        |
| Fill out ALL periods of Include self employment  Employer:  Address:  Telephone:             | f em    | ployme<br>J <b>S Arm</b><br>From | Date m:                  | s Emp   | art p         | To:             | or m   | ost re<br>nteer | work.  ork D     | uties   |        |
| Fill out ALL periods of Include self employment  Employer:  Address:  Telephone:  Job Title: | f em    | ployme<br>J <b>S Arm</b><br>From | Date m:                  | s Emp   | art p         | To:             | or m   | ost re<br>nteer | work.  ork D     | uties   |        |

| Employer:               | Dates E               | Work Duties     |                        |
|-------------------------|-----------------------|-----------------|------------------------|
|                         | From:                 | To:             | Performed:             |
| Address:                |                       |                 |                        |
|                         |                       |                 |                        |
| Telephone:              |                       |                 |                        |
| Job Title:              | Hourly R              | l<br>ate/Salary |                        |
| Job Title.              | Starting:             | Ending:         |                        |
| Supervisor:             |                       |                 |                        |
| Reason for Leaving:     |                       |                 |                        |
| Г 1                     | D . E                 | 1 1             | W 1D C                 |
| Employer:               | From:                 | mployed<br>To:  | Work Duties Performed: |
| Address:                | Tioni.                | 10.             | Terrormed.             |
| Telephone:              |                       |                 |                        |
| Job Title:              | Hourly R              | <br>ate/Salary  |                        |
|                         | Starting:             | Ending:         |                        |
| Supervisor:             |                       |                 |                        |
| Reason for Leaving:     |                       |                 |                        |
|                         |                       |                 |                        |
| Employer:               | Dates En              | mployed<br>To:  | Work Duties Performed: |
| Address:                |                       |                 |                        |
| Telephone:              |                       |                 |                        |
| Job Title:              | Hourly R              | <br>ate/Salary  |                        |
|                         | Starting:             | Ending:         |                        |
| Supervisor:             |                       |                 |                        |
| Reason for Leaving:     |                       |                 |                        |
| Please explain reason's | for any gaps in emplo | yment history:  |                        |
|                         |                       |                 |                        |
|                         |                       |                 |                        |
|                         |                       |                 |                        |

## **SECTION 4) Business References:**

Please provide three <u>business</u> references that are NOT related to you.

| Name:                                                             | Number:                                               |
|-------------------------------------------------------------------|-------------------------------------------------------|
| Position:                                                         |                                                       |
| Company:                                                          |                                                       |
| Street Address:                                                   |                                                       |
| City/State/Zip:                                                   |                                                       |
|                                                                   | Number:                                               |
|                                                                   |                                                       |
| Company:                                                          |                                                       |
| Street Address:                                                   |                                                       |
| City/State/Zip:                                                   |                                                       |
|                                                                   |                                                       |
|                                                                   | Number:                                               |
| Position:                                                         |                                                       |
| Company:                                                          |                                                       |
| Street Address:                                                   |                                                       |
| City/State/Zip:                                                   |                                                       |
| Please provide three <u>personal</u> references as listed above.) | erences that are NOT related to you. (Do not use same |
| Name:                                                             | Number:                                               |
|                                                                   |                                                       |
| Years known:                                                      |                                                       |
| Street Address:                                                   |                                                       |
| City/State/Zip:                                                   |                                                       |
| Name:                                                             |                                                       |
|                                                                   |                                                       |
| Years known:                                                      |                                                       |
| Street Address:                                                   |                                                       |
| City/State/Zip:                                                   |                                                       |
| Name:                                                             | Number:                                               |
|                                                                   | Number:                                               |
| Years known:                                                      |                                                       |
| Street Address:                                                   |                                                       |
| City/State/Zip:                                                   |                                                       |

#### **Section 6) Special Skills/Experience:**

| Describe any special skills/qualifications that may assist you in performing a position applied for: |   |
|------------------------------------------------------------------------------------------------------|---|
|                                                                                                      |   |
| Describe what your interests/hobbies are when you are not at work:                                   | _ |
|                                                                                                      | - |
|                                                                                                      | _ |

Please mark below the closest to what describes your experience. Please fill out for every position below.

| Position                  | No         | Some Experience | Much Experience          |
|---------------------------|------------|-----------------|--------------------------|
|                           | Experience | (still need     | (minimal/to no direction |
|                           | _          | direction's)    | needed)                  |
| Laborer                   |            |                 |                          |
| Job Foreman               |            |                 |                          |
| Estimator (OST/QB)        |            |                 |                          |
| Project Manager           |            |                 |                          |
| Apprentice Taper          |            |                 |                          |
| Journeyman Taper          |            |                 |                          |
| Apprentice                |            |                 |                          |
| <b>Acoustical Ceiling</b> |            |                 |                          |
| Journeyman                |            |                 |                          |
| <b>Acoustical Ceiling</b> |            |                 |                          |
| Apprentice                |            |                 |                          |
| Framer/Hanger             |            |                 |                          |
| Journeyman                |            |                 |                          |
| Framer/Hanger             |            |                 |                          |
| Office Position           |            |                 |                          |

#### **SECTION 7) Verification and Signature:**

#### Please thoroughly read all information below.

I authorize the investigation of all matter which MJS Contracting, Inc deems relevant (Including my criminal records and all statements made in this application and attached to application) to my qualification for employment. I authorize you to request/receive such information and I release from all liability to any persons/employers supplying it. I also release you from all liability which might result from making the investigation.

I understand that MJS Contracting, Inc. is a current member of E-Verify. And upon hire I authorize MJS to verify me through this system.

I certify that all facts/information in these application/attachments are true and complete to the best of my knowledge. I understand providing any other information than requested on this application will result in disqualification of application. I understand any

falsification, misrepresentation, omission, or misleading statements, generally will result in denial of employment/immediate termination regardless when/how discovered.

I understand that I may be required to submit employment physical, professional examinations, medical inquires, urinalysis tests, for the presence of drugs/and or alcohol. I agree to such examinations or testing at the companies expense. I authorize the release of these results to MJS Contracting, Inc. in their use to evaluate my employment. I release MJS Contracting, Inc. from all liability arising out of/connected with these examinations, inquiries and testing.

I understand that I may resign or be terminated without cause or notice at any time. I understand that this application is not intended to be any kind of contract/employment agreement. I understand that MJS Contracting, Inc. and my party must both sign and written any agreements for terms of employment or contracts. I also understand that MJS Contracting, Inc. may change, withdraw, interpret other policies (including hours, wages, and working conditions) if deems appropriate.

| I have read all above statements, review any supporting documents. Yes ☐ N                                       | wed all information provided in application, and No □                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature:                                                                                                       | Date:                                                                                                                                                                                                                                   |
| MJS Contracting, Inc. is seeking/employing the best q<br>of their race, color, religion, age sex, marital, or ve | Employment Opportunity qualified personal. We will not discriminate against any person because teran status, national origin, ancestry, disability or any other legal nal requirement reasonably necessary for our business to operate. |
|                                                                                                                  |                                                                                                                                                                                                                                         |
|                                                                                                                  |                                                                                                                                                                                                                                         |
|                                                                                                                  |                                                                                                                                                                                                                                         |
|                                                                                                                  |                                                                                                                                                                                                                                         |
|                                                                                                                  |                                                                                                                                                                                                                                         |
|                                                                                                                  |                                                                                                                                                                                                                                         |
|                                                                                                                  |                                                                                                                                                                                                                                         |
|                                                                                                                  |                                                                                                                                                                                                                                         |
| For MJS Contracting, Inc office use                                                                              | only:                                                                                                                                                                                                                                   |
| Date of Hire:                                                                                                    |                                                                                                                                                                                                                                         |
| Name:                                                                                                            |                                                                                                                                                                                                                                         |
| Signature:                                                                                                       |                                                                                                                                                                                                                                         |