

Work History/Empleos previos PLEASE COMPLETE/FAVOR DE LLENAR TODO

Start with most recent or current employer/Empezar con el mas reciente

Company Name/Compania

Supervisor Name & Phone Number

Address

City

State

Zip

Phone Number/Telefono

Employment Dates/Fecha de empleo
From: To:

Starting Pay

Ending Pay

Description of Work/Descripcion

Reason for Leaving/Razon por dejar el empleo?

May we contact your employer?

Yes?

No?

Company Name/Compania

Supervisor Name & Phone Number

Address

City

State

Zip

Phone Number/Telefono

Employment Dates/Fecha de empleo
From: To:

Starting Pay

Ending Pay

Description of Work/Descripcion

Reason for Leaving/Razon por dejar el empleo?

May we contact your employer?

Yes?

No?

PLEASE READ AND SIGN - Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately terminate me from the employer's services, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby authorize my former employers to disclose any information, which they may have, which may affect my employment with Wallcon, LLC including the cause of termination. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons for furnishing such information about me.

I understand the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited, applicable by local, state or federal law.

I understand this application remains current for only 30 days. At the conclusion of that time if I have not been contacted by the employer and wish to be considered for employment, it will be necessary to reapply and fill out a new application. If hired, I understand I am free to resign at any time, with or without cause and without prior notice. The employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as required by law. This application does not constitute an agreement or contract for employment for any special period or definite duration I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing expressed language are valid unless they are in writing and signed by the employer's President. I understand that employment in a driving position is dependent upon a safe driving record. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant's Signature/Firma

Date/Fecha