



Setting the Standard in Site-Cast Construction

1747A Panorama Point Lafayette, CO 80026
Office 303-666-8800 Fax 303-604-0031

Office Use Only		
Start Date: _____	Pay Rate: _____	Position: _____

APPLICATION FOR EMPLOYMENT

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with Federal, state and local statutes, regulations and ordinances

Panel Masters, Inc. utilizes the E-Verify Employment Eligibility Verification system to verify the right to work of all employees hired/rehired on or after 02/23/2010.

General	Date: _____ Position Applied For: _____ Requested pay: _____ When Can You Start: _____												
	Social Security Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												
	Name: _____ Home Phone: () _____ <small style="margin-left: 40px;">Last</small> <small>First</small> <small>M.I.</small>												
	Current Address: _____ <small style="margin-left: 100px;">Street</small> <small>City</small> <small>State</small> <small>Zip Code</small>												
	Prior Address If less than 2 yrs at current address: _____												
	Education: Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+												
	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an appropriate valid drivers license? If yes, DL # _____ Type: _____ State of Issue: _____												
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you had your driver's license suspended or revoked in the last 3 years? If yes, please give details: _____													
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?													
List any other skills, licenses or certificates that might be job-related or that you feel would be of value to this job or company: _____ _____													

Security	List states and counties of residence for the past seven years: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No Have you used any names or Social Security numbers other than those on this page? If so, please list: _____

IN CASE OF EMERGENCY

Contact: _____
Name Relationship Phone Number City/ State

List names of employers in consecutive order with present or last employer first. Account for any gaps in employment including military services and any periods of unemployment. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

WORK HISTORY - Five Years or Last 2 Employers

MOST RECENT EMPLOYER No prior work history (check if applicable)

Are you currently working for this employer? Yes No If yes may we contact? Yes No

Dates of Employment

From: / To: /

(Include both the month and year)

Company Name: _____

City/State: _____

Phone: _____

Supervisor: _____

Job Title: _____ Duties: _____

Reason for Leaving: _____

SECOND MOST RECENT EMPLOYER No prior work history (check if applicable)

Are you currently working for this employer? Yes No If yes may we contact? Yes No

Dates of Employment

From: / To: /

(Include both the month and year)

Company Name: _____

City/State: _____

Phone: _____

Supervisor: _____

Job Title: _____ Duties: _____

Reason for Leaving: _____

EXPLANATION OF ALL GAPS IN EMPLOYMENT: _____

Affidavit, Consent, and Release
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to pre-and/or post employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GURANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INOT AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

SIGNATURE

DATE

APPLICANT EEO or AFFIRMATIVE ACTION INFORMATION:

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability. Equal Employment Opportunity Employers are required by the Federal Government to provide statistical information about applicants and/or employees to demonstrate that the facility meets the equal employment opportunity requirements.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Please Print

Name:	_____	Date _____
	LAST FIRST MIDDLE	
Position Applied For:	_____	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Racial / Ethnic Origin:		
	<input type="checkbox"/> White	
	<input type="checkbox"/> American Indian / Alaskan Native	
	<input type="checkbox"/> Black	
	<input type="checkbox"/> Hispanic / Latino	
	<input type="checkbox"/> Asian / Pacific Islander	

Veteran Status	
<input type="checkbox"/> Yes	<input type="checkbox"/> No Are you a Vietnam Era Veteran?
	A person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released therefrom with other than a dishonorable discharge or for a service connected disability.
<input type="checkbox"/> Yes	<input type="checkbox"/> No Are you a disabled veteran?
	A person entitled to disability compensation under the laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No Do you have a mental or physical disability?
	A person who has a mental or physical impairment that substantially limits one or more major life activity, who has a record of such impairment, or who is regarded as having such an impairment