



**IMS Masonry**  
 335 S 1250 W  
 Lindon, Utah 84042  
 (801) 796-8420  
 Fax (801) 796-8422

# APPLICATION FOR EMPLOYMENT

First Name	Middle	Last Name	Date
Present Street Address			Home Telephone ( )
City, State, Zip			Mobile Telephone ( )

Trade/Position Desired	<input type="checkbox"/> Journeyman Mason	<input type="checkbox"/> Hod Tender	<input type="checkbox"/> Laborer	<input type="checkbox"/> Other _____
	Years of Experience:		Pay Expected:	

**Please print clearly and answer all questions fully.**

Have you ever worked for IMS Masonry before?  Yes  No  
 If yes, when? Month & Year/Foreman's Name:

Have you ever applied for work at IMS Masonry before?  Yes  No If yes, when? Month and year:

How did you hear about IMS Masonry and this position (Please be specific)

Are you available to work out of town? Utah Area?  Yes  No Out of State?  Yes  No

Are you legally eligible to work in the United States?  Yes  No Proof of citizenship or immigration status will be required upon hire.

Are you over 18 years of age?  Yes  No

Are you able to get to and from work at multiple job sites each month?  Yes  No

## MASONRY RELATED EMPLOYMENT

*Please give accurate, complete full-time and part-time employment record for the last 5 years. Start with present employer-use additional sheets if needed.*

Company Name	Telephone	Employed (month/year) From To
Name of Supervisor	Rate of pay Start Last	Reason For Leaving
Job Title and Describe Your Work -----		
Company Name	Telephone	Employed (month/year) From To
Name of Supervisor	Rate of pay Start Last	Reason For Leaving
Job Title and Describe Your Work -----		
Company Name	Telephone	Employed (month/year) From To
Name of Supervisor	Rate of pay Start Last	Reason For Leaving
Job Title and Describe Your Work -----		

## NON MASONRY EMPLOYMENT

*Please give accurate, complete full-time and part-time employment record for the last 5 years. Start with present employer-use additional sheets if needed*

Company Name	Telephone	Employed (month/year) From                      To
Name of Supervisor	Rate of pay Start                      Last	Reason For Leaving
Job Title and Describe Your Work -----		
Company Name	Telephone	Employed (month/year) From                      To
Name of Supervisor	Rate of pay Start                      Last	Reason For Leaving
Job Title and Describe Your Work -----		

Please explain any gaps in your employment history:

Is there any employer listed above you do not wish us to contact? Reason:	Have you ever been discharged or required to resign from a position? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, explain:
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**Professional References** (other Foremen or people in the Masonry Industry that you have worked with)

Name	Company	Phone	Relationship

### DRUG & ALCOHOL TESTING CONSENT AND AUTHORIZATION

IMS Masonry intends to provide a safe and healthy workplace. Therefore, the Company will employ every legal means available to it to operate its business free from alcohol and drugs. Accordingly, where the law permits, we reserve the right to conduct drug testing for: pre-employment screening, reasonable suspicion/probable cause, as well as post-accident. This list is not intended to limit the events which would require a drug test and the Company reserves the right to test for alcohol and drug abuse for other lawful reasons. This policy provides for the Company to conduct periodic testing on an unannounced basis for illegal drugs. Refusal to cooperate with management's request to have an evaluation is cause for termination.

Our Drug & Alcohol Policy will be made available to you in our office at the time of application.

### EEO, I-9 & E-VERIFY NOTICE, EMPLOYMENT AT WILL STATEMENT

IMS Masonry is an Equal Opportunity Employer; the Company makes employment decisions without regard to race, color, gender, religion, national origin, age, disability, marital status, or any other basis that is prohibited by law. The Company also makes reasonable accommodations to individuals with impairments. If employed, I understand that if I need an accommodation for a handicap or disability, I should notify the Company.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires that I provide documentation of my work authorization or citizenship. I am also aware that failure to provide such proof at the time of hire will prevent employment with IMS Masonry. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States, we comply with this requirement by participating in E-Verify.

I understand that nothing contained in this employment application or in the granting of an interview(s) is intended to create a contract between me and the Company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the Company will have a similar right, at any time, with or without cause and with or without notice. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the Company unless made in writing and is signed by me and the President of the Company.

### APPLICANT AUTHORIZATION TO CONTACT EMPLOYERS & REFERENCES

I certify that the information given in this application is true and complete to the best of my knowledge and that I have not knowingly omitted any information that may impact the employment decision.

Further, I give IMS Masonry the right to investigate the accuracy of all statements contained in this Application for Employment (including past and present references, employers, and educational institutions) as may be necessary in arriving at an employment decision except as specifically requested otherwise. I hereby release past and present employers from all liability and damages whatsoever arising from the release of any and all information regarding my employment. I understand that false or misleading information given in my application or interview(s) may result in my not being hired, or if hired, in my discharge from employment regardless of the time elapsed after discovery.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_