



1476 West Harvard Ave.  
Gilbert, Arizona 85233

ph: 602.453.9255 fx: 602.426.1373

## EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_ Personal Information ORIENTATION \_\_\_\_\_

Please print all information clearly (Favor de llenar todo claramente)

Last Name (Apellido) \_\_\_\_\_ First Name (Nombre) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street Address (Direccion) \_\_\_\_\_ City, State, Zip (Ciudad, estado, zona postal) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Telephone Number (Hogar) \_\_\_\_\_ Cell Number (Cellular) \_\_\_\_\_ Message Number (Mensaje) \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_ Yes / No  
Currently Valid? \_\_\_\_\_

Date you can start? \_\_\_\_\_ Wage desired? \_\_\_\_\_ Are you under the age of 18 years? \_\_\_No \_\_\_Yes

Ever been employed by The Wall Company? \_\_\_\_\_ If so, when: \_\_\_\_\_ Position held? \_\_\_\_\_ Employee # \_\_\_\_\_ Wage: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Referred by: \_\_\_Friend \_\_\_Newspaper \_\_\_Walk-in \_\_\_Website  
Posicion que busca

In the past 7 years, have you been convicted of, pled guilty or no contest to a crime, excluding misdemeanors and traffic violations? \_\_\_\_\_ Description: \_\_\_\_\_

In case of an emergency, please give name and telephone number of a person we may contact.

EN CASO DE EMERGENCIA NUMERO DE CONTACTO

\_\_\_\_\_ Name (Nombre)

\_\_\_\_\_ Phone Number (Telefono)

### Skills and Qualifications

\*Please mark total years experience for each position that are verifiable through past employment.

Indica cuantos anos de experiencia tiene en cada posicion

CONCRETE	OPERATOR	TRUCKDRIVER
Foreman/Mayordormo _____ yrs	Excavator _____ yrs	10 Wheeler _____ yrs
Basement Wall Form Setter _____ yrs	Excavator w/Hammer _____ yrs	Super 14 _____ yrs
Footing Form Setter _____ yrs	Loader _____ yrs	Super 16 _____ yrs
Finisher _____ yrs	Grade Tractor _____ yrs	End Dump _____ yrs
Laborer _____ yrs	Backhoe _____ yrs	Transport _____ yrs
	Bobcat _____ yrs	Concrete Pump _____ yrs
TOTAL YEARS _____	TOTAL YEARS _____	TOTAL YEARS _____

#### OTHER

Please Explain: \_\_\_\_\_

Please list all equipment/power tools you have for the position you are applying for:

(Indique cual herramienta tiene) \_\_\_\_\_

Work History/Empleos previos

PLEASE COMPLETE/FAVOR DE LLENAR TODO

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

<b>Company Name/Compania</b>		<b>Supervisor Name &amp; Phone Number</b>	
<b>Address, City, State, Zip</b>			
<b>Phone Number/Telefono</b>	<b>Employment Dates/Fecha de empleo</b>	<b>Starting Pay</b>	<b>Ending Pay</b>
	From: _____ To: _____		
<b>Description of Work/Descripcion</b>			
<b>Reason for Leaving/Razon por dejar el empleo?</b>		<b>May we contact your employer?</b>	
		Yes?	No?
<b>Company Name/Compania</b>		<b>Supervisor Name &amp; Phone Number</b>	
<b>Address, City, State, Zip</b>			
<b>Phone Number/Telefono</b>	<b>Employment Dates/Fecha de empleo</b>	<b>Starting Pay</b>	<b>Ending Pay</b>
	From: _____ To: _____		
<b>Description of Work/Descripcion</b>			
<b>Reason for Leaving/Razon por dejar el empleo?</b>		<b>May we contact your employer?</b>	
		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 The Wall Company 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

**Fax Completed Application To 602.426.1373**