CENTRAL VALLEY MASONRY, INC. (775) 355-8422

Application For Employment

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION	DATE	DATE			
IAME (LAST NAME FIRST)		SOCIAL SECURITY NO.			
MINIE (LAST NAME CINOT)					
	CITY	STATE	ZIP CODE		
PRESENT ADDRESS	CITY	31712			
PERMANENT ADDRESS	CITY	STATE	ZIP CODE		
		REFERRED BY			
PHONE NO.					
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EMPLOYMENT DESIRED					
POSITION		DATE YOU CAN START	SALARY DESIRED		
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ARE YOU EMPLOYED?					
YES	NO	YES	NO		
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TRADE, BUSINESS, OR					
CORRESPONDENCE SCHOOL	Sylvicean Inter-	eler ali Emile took	Walter and American		
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GENERAL INFORMATION					
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	OR SPECIAL				
TRAINING SKILLS	BEVER 49.				
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		RANK			
U.S. MILITARY OR NAVAL SERVICE		Total Control of the			
U.S. MILITARY OR NAVAL SERVICE					
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JS MILITARY OR NAVAL SERVICE VER BEEN CONVICTED OF A CRIME, OTHER THAI VIOLATION?	N A TRAFFIC IF YES, EXPL	AIN			

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MO/YR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	RESPONSIBILITIES	REASON FOR LEAVING
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(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	PHONE NO.	YEARS KNOWN
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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE	SIGNATURE				
INTERVIEWED BY	DATE				
	DO NOT WRITE BELOW THIS LINE				
REMARKS					
	A CONTRACTOR OF THE CONTRACTOR				