

APPLICATION FOR EMPLOYMENT

H.J. Martin & Son, Inc. (the "Company") is an equal employment opportunity employer. Employment decisions are based on merit and business needs, and not on race, color, citizenship status, gender, sexual orientation, age, religion, disability, marital status, or any other characteristic protected by law.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position Applying for or Type of Employment Desired:	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Hourly and/or Salary Desired: \$ _____ per hr \$ _____ annual
-Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
-Do you have a valid State Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How were you referred to H.J. Martin & Son, Inc.? (Please list legal name and relationship to you)	Date Available	
Are you able to travel for extended periods of time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 yrs or older? ___No ___Yes	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed						
High School, College, Technical School, Military School (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date
Occupational License, Certificate or Registration		Number		Where Issued		Expiration Date

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

Please circle your experience or skill level obtained in each of the following areas. You may add comments that may help further explain your skills:

Carpentry Skills					
1	2	3	4	5	Metal racking installation
1	2	3	4	5	Hanging aerial signage
1	2	3	4	5	Installation of casework (jewelry, cosmetic, etc.)
1	2	3	4	5	Installation of countertops
1	2	3	4	5	Installation of wood and plastic laminate floors
1	2	3	4	5	General wood and steel framing
1	2	3	4	5	Installation of interior and exterior door and hardware
1	2	3	4	5	Drywall installation
1	2	3	4	5	Drywall Finishing
1	2	3	4	5	VCT Flooring
1	2	3	4	5	LVT Flooring
1	2	3	4	5	Carpet installation
1	2	3	4	5	Ceramic Tile installation
1	2	3	4	5	Installation of wood base and casings: (butt joint, miter joint, outside corner miter, etc.)
1	2	3	4	5	Installation of crown moldings: (butt joint, miter joint, outside corner miter, etc.)
Construction of Technical Skills					
1	2	3	4	5	Understands and can interpret blueprints and as-built:
1	2	3	4	5	Understands, qualifies and adheres to required construction specifications:
1	2	3	4	5	Understanding of building and governing construction codes:
Job Safety					
No		Yes		Do you have a current CPR certification:	
No		Yes		Do you have a current First Aid certification:	
No		Yes		Do you have a OSHA 10 hour training:	
No		Yes		Do you have a OSHA 30 hour training:	
No		Yes		Do you have certification for forklift and Arial lift operation:	
No		Yes		CDL License	

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties:		Hours Per Week
		Last Salary
		Supervisor

Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties:		Hours Per Week
		Last Salary
		Supervisor

Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties:		Hours Per Week
		Last Salary
		Supervisor

Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Work Related References (do not include relatives)

	Name	Occupation	Years Known	Contact Information
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Statement: I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal. I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made to me on the basis of such information. I further authorize the Company to obtain any credit and consumer check. I understand that nothing in this application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that if hired; my employment will be terminable at will and may be terminated by me or the Company at any time for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing. If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. I hereby acknowledge that I have read and agree to the above statement.

Signature of Applicant _____ **Date** _____

VOLUNTARY SELF IDENTIFICATION FORM

(Applicants only)

The Equal employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete a Voluntary Self Identification Form each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. The information requested below is used by **H.J. Martin & Son, Inc.** only as it relates to our Affirmative Action plan and will be kept separate from all other personnel records only accessed by the Human Resources Department.

EMPLOYEE INFORMATION:

Name: _____

Decline Self-Identification:

I do not wish to self identify

Gender:

Male Female

Race/Ethnicity:

American Indian or Alaskan Native

Asian (not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

Two or More Races (other than
Hispanic or Latino)

White (not Hispanic or Latino)

I certify that this information is accurate _____

(Signature)

(Date)