

**Wall Contractors, Inc.**  
**2058 Westgate Drive**  
**Rock Springs, WY 82901**  
**307.362.9255**

Wall Contractors, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Employment Information**

Position Applied for: \_\_\_\_\_

On what date are you available to start working if hired? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shift are you available to work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

Do you have reliable transportation to & from work? YES NO

Will you consent to a mandatory controlled substance test? YES NO

Are you 18 years of age or older? YES NO

Are you a citizen of the United States? YES NO YES NO  
  If no, are you authorized to work in the U.S.?

What documents can you provide as proof of citizenship or legal status? \_\_\_\_\_

Have you ever been convicted of a criminal offense? YES NO

If yes, explain: \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the positions(s) applied for may, however, be considered.)*

Job Skills/ Qualifications

Please list any of the following you may have; MSHA, PEC, OSHA, CDL etc.

\_\_\_\_\_  
\_\_\_\_\_

Please list below the skills and qualifications you possess for the position for which you are applying

\_\_\_\_\_  
\_\_\_\_\_

*(Note: Wall Contractors, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

References

Please provide two professional and/or personal references.

\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Information: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Employment

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

**At-Will Employment Notice**

*The relationship between you and the Wall Contractors, Inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or Wall Contractors, Inc. No representative of Wall Contractors, Inc. has authority to enter into any agreement contrary to the forgoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company President.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_