

George W. Pynn Masonry, Inc.

29 Newton Road

Plaistow, NH 03865

(603) 382-8969

Fax (603) 382-7310

Application for Employment

Name _____ Date: _____
First Middle Last

Address _____
Street

City _____ State _____ Zip _____

All pay checks are mailed, you must provide a proper mailing address.

Phone _____

Social Security # _____

Date of Birth _____

Location of Birth: _____
(City and State) (Necessary for all government jobs)

US Armed Forces? _YES / NO_ Dates serviced: _____ - _____ Branch _____

Do you have any Active Military or Reserve obligations? _YES / NO_
If yes describe: _____

Position: _____ Pay: _____ Available _____

Were you referred to us and by whom? _____

Have you worked here before? _YES / NO_ If so when and where? _____

Do you currently have health insurance? YES/NO

If yes, with what company is your coverage with: _____

If No, would you be interested in joining the company policy? YES/ NO

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Experience (beginning with most recent employer)

Employer: _____

City _____ State _____ Phone _____

Mo/Yr _____ Mo/Yr _____

Date work began _____ Ended: _____ Last hourly pay rate: _____

Name of supervisor: _____ Title: _____

Position held: _____ Reason for leaving: _____

Describe work, responsibilities, accomplishments, etc.: _____

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Last Employer: _____

City _____ State _____ Phone _____

Mo/Yr _____ Mo/Yr _____

Date work began _____ Ended: _____ Last hourly pay rate: _____

Name of supervisor: _____ Title: _____

Position held: _____ Reason for leaving: _____

Describe work, responsibilities, accomplishments, etc.: _____

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Last Employer: _____

City _____ State _____ Phone _____

Mo/Yr _____ Mo/Yr _____

Date work began _____ Ended: _____ Last hourly pay rate: _____

Name of supervisor: _____ Title: _____

Position held: _____ Reason for leaving: _____

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Do you currently have a OSHA 10 Construction Safety & Health card: _ YES / NO

If yes, please provide a copy.

If no, you are required to get it within 90 days of employment.

Other Licenses or certificates: _____

Education Background

High School: _____

Name

City/State

Years Attended

Degree Yr. Graduated

College: _____

Name

City/State

Years Attended

Degree Yr. Graduated

Trade School: _____

Name

City/State

Years Attended

Degree Yr. Graduated

References

Name City State Phone

Name City State Phone

Name City State Phone

PRIOR TO FIRST DAY OF EMPLOYMENT, ONCE EMPLOYEE HAS ACCEPTED JOB OFFER, YOU MUST RETURN TO THE OFFICE FOR YOUR EMPLOYEE HANDBOOK & TO COMPLETE THE EMPLOYEE QUESTIONIERE, I-9 & W4

YOU CAN NOT START WORK WITH OUT THIS COMPLETED.

Applicant's Signature _____