## **MONUMENT HOMEBUILDERS, INC.** Employment Application





| APPLICANT INFORMATION |                |                |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
|-----------------------|----------------|----------------|------------------------|-------------|---------------|----------------|-------|-----------|------------------------------|---------|------|-------|------------------|--------------|----|-----|-----|----|-----|--|
| Last Name             |                |                |                        | First       |               |                |       |           |                              |         |      | M.I.  |                  | Date         | e  |     |     |    |     |  |
| Street Ad             | Street Address |                |                        |             |               |                |       |           |                              |         |      |       | Apartment/Unit # |              |    |     |     |    |     |  |
| City                  |                |                |                        | State       |               |                |       |           |                              |         |      | ZIP   |                  |              |    |     |     |    |     |  |
| Phone                 |                |                |                        |             |               | E-mail Address |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Date Available        |                |                | Social Se              |             |               |                |       | rity No.  |                              | Des     |      |       | Desi             | sired Salary |    |     |     |    |     |  |
| Position Applied for  |                |                |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Are you a citizen of  |                | en of t        | the United States? YES |             |               |                | N     | 0 🗆       | If no, are you authorized to |         |      | to wo | ork in t         | he U.S       | .? | YES | 5 🗆 | NC | D 🗆 |  |
| Have you ever worke   |                |                | ed fo                  | r this com  | ompany? YES 🗆 |                |       | 0 🗆       | If so, w                     | hen?    |      |       |                  |              |    |     |     |    |     |  |
| Have you ever been co |                |                | conv                   | ricted of a | felony?       | YES            | N     | 0 🗆       | If yes, explain              |         |      |       |                  |              |    |     |     |    |     |  |
|                       |                |                |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| EDUCA <sup>*</sup>    | TION           | ١              |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| High School           |                |                |                        |             |               |                |       | ddress    |                              |         |      |       |                  |              |    |     |     |    |     |  |
| From                  |                | -              | То                     |             | Did you g     | graduate?      | Y     | ES 🗌      | NO 🗆                         | D       | egre | ee    |                  |              |    |     |     |    |     |  |
| College               | e              |                |                        |             |               |                | A     | ddress    |                              |         |      |       |                  |              |    |     |     |    |     |  |
| From                  |                | -              | То                     |             | graduate?     | uate? YES      |       | NO 🗆      | NO Degree                    |         |      |       |                  |              |    |     |     |    |     |  |
| Other                 | er             |                |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| From                  |                | To Did you gra |                        | graduate?   | Y             | ES 🗌           | NO 🗆  | NO Degree |                              |         |      |       |                  |              |    |     |     |    |     |  |
|                       |                | ·              |                        |             |               |                |       |           |                              | ·       |      | ·     |                  |              |    |     |     |    |     |  |
| REFERE                | ENCE           | S              |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Please lis            | t thre         | e prof         | essic                  | onal refere | ences.        |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Full Name             |                |                |                        |             | Relationship  |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Company               |                |                |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Address               |                |                |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Full Name             |                |                |                        |             |               | Relationship   |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Company               |                |                |                        |             |               |                |       |           |                              | Phone   |      |       |                  |              |    |     |     |    |     |  |
| Address               |                |                |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Full Name             | e              |                |                        |             |               |                |       |           |                              | Relatio | onsh | nip   |                  |              |    |     |     |    |     |  |
| Company               |                |                |                        |             |               |                | Phone |           |                              |         |      |       |                  |              |    |     |     |    |     |  |
| Address               |                |                |                        |             |               |                |       |           |                              |         |      |       |                  |              |    |     |     |    |     |  |

| PREVIOUS EM   | IPLOYMENT             |                        |                   |                  |    |                  |    |  |  |  |  |
|---|-----------------------|------------------------|-------------------|------------------|----|------------------|----|--|--|--|--|
| Company   |                       |                        | Phone             |                  |    |                  |    |  |  |  |  |
| Address   |                       |                        | Supervisor        |                  |    |                  |    |  |  |  |  |
| Job Title   |                       |                        | \$                | Ending Salary \$ |    |                  |    |  |  |  |  |
| Responsibilities  |                       |                        |                   |                  |    |                  |    |  |  |  |  |
| From  | To Reason for Leaving |                        |                   |                  |    |                  |    |  |  |  |  |
| May we contact y  | our previous super    | visor for a reference? | ? YES 🗌           | NO 🗆             |    |                  |    |  |  |  |  |
| Company   |                       |                        |                   | Phone            |    |                  |    |  |  |  |  |
| Address   |                       |                        |                   | Supervisor       |    |                  |    |  |  |  |  |
| Job Title   |                       |                        | Starting Salary   | \$               |    | Ending Salary \$ |    |  |  |  |  |
| Responsibilities  |                       |                        |                   |                  |    | 1                |    |  |  |  |  |
| From  | То                    | Reason for Leaving     | or Leaving        |                  |    |                  |    |  |  |  |  |
| May we contact your previous supervisor for a reference? YES NO   |                       |                        |                   |                  |    |                  |    |  |  |  |  |
| Company   |                       |                        | Phone             |                  |    |                  |    |  |  |  |  |
| Address   |                       |                        | Supervisor        |                  |    |                  |    |  |  |  |  |
| Job Title   |                       |                        | Starting Salary   | \$               |    | Ending Salary    | \$ |  |  |  |  |
| Responsibilities  |                       |                        | <u>'</u>          |                  |    |                  |    |  |  |  |  |
| From  | То                    | Reason for Leaving     | )                 |                  |    |                  |    |  |  |  |  |
| May we contact your previous supervisor for a reference? YES NO   |                       |                        |                   |                  |    |                  |    |  |  |  |  |
|   |                       |                        |                   |                  |    |                  |    |  |  |  |  |
| MILITARY SE   | RVICE                 |                        |                   |                  | ı  |                  |    |  |  |  |  |
| Branch  |                       |                        |                   | From             | То |                  |    |  |  |  |  |
| Rank at Discharge   | e                     |                        | Type of Discharge |                  |    |                  |    |  |  |  |  |
| If other than hone  | orable, explain       |                        |                   |                  |    |                  |    |  |  |  |  |
|   |                       | -                      |                   |                  |    |                  |    |  |  |  |  |
|   | AND SIGNATUR          |                        |                   |                  |    |                  |    |  |  |  |  |
| 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. |                       |                        |                   |                  |    |                  |    |  |  |  |  |
| Signature Date  |                       |                        |                   |                  |    |                  |    |  |  |  |  |