



Welcome to All Wall Contracting!

We are pleased that you have considered employment with All Wall Contracting!

We encourage all applicants to review the Company information and job description prior to completing the application process.

If you are selected for employment you will be joining a well-trained team of professionals. Our goal is to provide our customers with the best service possible at an affordable cost.

The wage and benefit packages are among the best in the industry for those eligible. They include company sponsored medical insurance, 401K retirement plan and vacation pay.

Thank you for considering a career with All Wall Contracting!

Sincerely,

Roy Glisson, President & Terry Jones, Vice President

APPLICATION FOR EMPLOYMENT

NOTE: This application was designed for use with several types of positions. Some questions may not be relevant to the position you are seeking; however, please answer all questions. Resumes are not accepted in lieu of completion of this application.

(Please Print)

(Application valid for 180 days)

Last Name	First	Middle	Social Security Number	Date
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Present Address:	Street	City, State	Zip Code	How Long	Telephone Number
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Position(s) Applied For	Salary Desired	Available Start Date
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Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes No

(All Wall Contracting, Inc. participates in E-Verify)

Have you been convicted of any crime within the past 5 years? Yes No if yes, give dates and explain.

(Attach separate paper if necessary) **A conviction will not necessarily disqualify you from employment.**

Are you over 18 years of age? Yes No

Have you ever worked for this company before? Yes No When? _____

Do you have available transportation to and from work? Yes No

What is your means of transportation to work? _____

Do you have a valid driver's license? Yes No

Driver's license number	Sate of issue	Operator	Commercial (CDL)	Expiration date
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Have you had any accidents during the past three years? Yes No how many? _____

Have you had any moving violations during the past three years? Yes No how many? _____

EDUCATIONAL EXPERIECE

Schools	Print Name, City, State for Each School	Date From	Date To	Degree	Major Course of Study
High School	_____	mm/yy	mm/yy		
College	_____	mm/yy	mm/yy		
Trade, Business, Night or Correspondence	_____	mm/yy	mm/yy		
Other	_____	mm/yy	mm/yy		

Other Skills: List any other job-related skills, qualifications, licenses, professional organizations, etc. that support your application or are applicable to the position you are seeking: _____

In order to permit a check of your work and educational records, should we be made aware of any changes of name or assumed name that you previously used: Yes No If yes, identity names and relevant dates.

EMPLOYMENT EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment for the **past 10 years**. Start with your present or last job **(If self-employed, give firm name and supply business references)**

Company		Phone	
City	State	Supervisor	
Job Title		Starting Salary	Ending Salary
Work Preformed			
Date From	mm/yy	Date To	mm/yy
Reason for Leaving			

May we make inquiries of this employer? Yes No

Company		Phone	
City	State	Supervisor	
Job Title		Starting Salary	Ending Salary
Work Preformed			
Date From	mm/yy	Date To	mm/yy
Reason for Leaving			

May we make inquiries of this employer? Yes No

Company		Phone	
City	State	Supervisor	
Job Title		Starting Salary	Ending Salary
Work Preformed			
Date From	mm/yy	Date To	mm/yy
Reason for Leaving			

May we make inquiries of this employer? Yes No

Company		Phone	
City	State	Supervisor	
Job Title		Starting Salary	Ending Salary
Work Preformed			
Date From	mm/yy	Date To	mm/yy
Reason for Leaving			

May we make inquiries of this employer? Yes No

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Company		Phone	
City	State	Supervisor	
Job Title		Starting Salary	Ending Salary
Work Performed			
.....			
Date From mm/yy	Date To mm/yy	Reason for Leaving	

May we make inquiries of this employer? Yes No

Company		Phone	
City	State	Supervisor	
Job Title		Starting Salary	Ending Salary
Work Performed			
.....			
Date From mm/yy	Date To mm/yy	Reason for Leaving	

May we make inquiries of this employer? Yes No

Company		Phone	
City	State	Supervisor	
Job Title		Starting Salary	Ending Salary
Work Performed			
.....			
Date From mm/yy	Date To mm/yy	Reason for Leaving	

May we make inquiries of this employer? Yes No

Company		Phone	
City	State	Supervisor	
Job Title		Starting Salary	Ending Salary
Work Performed			
.....			
Date From mm/yy	Date To mm/yy	Reason for Leaving	

May we make inquiries of this employer? Yes No

Attach separate paper if necessary)

Please identify any exceptions and reasons for not contacting prior employers? _____

Please fully explain all gaps in your employment history. (Attach separate paper if necessary) _____

Have you ever been dismissed or forced to resign from any employment? Yes No if yes, explain: _____

Will you travel if job requires it? Yes No Will you work overtime if asked? Yes No

Are there any hours, shifts or days you will not work? Yes No if yes, explain: _____

How many days of work have you missed in last three years due to reasons other than holidays and vacation?

Year	Number of Days	Year	Number of Days	Year	Number of Days

What foreign languages do you speak, read or write? _____

Do you have any friends or relatives who work here? Yes No if yes, provide Name and Relationship

Name: _____ Relationship: _____

Name: _____ Relationship: _____

MILITARY SERVICES

Have you ever been in the Armed Forces? Yes No

Branch	Date From	mm/yy	Date To	mm/yy
Rank at discharge	Type of Discharge			
Other than honorable, explain				

Are you now a member of the National Guard? Yes No

CHARACTER REFERENCES

Name	City, State	Telephone	Occupation
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Name	City, State	Telephone	Occupation
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Name	City, State	Telephone	Occupation
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How did you hear about us? _____

COMMENTS

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. (Attach separate paper if necessary)

NOTICE TO APPLICANTS

We are an Equal Employment Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, sex, national origin, sexual orientation, age, disability, veteran status or religion. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications. All Wall Contracting, Inc. complies with the American's With Disabilities Act of 1990, as amended. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All entering employees in the same job category will be subject to the same medical questionnaire and/or examination, if required, and all information will be kept confidential and in separate files.

All Wall Contracting, Inc. is committed to providing a drug-free, marijuana-free and alcohol-free work environment. All Wall Contracting, Inc. recognizes that the state of our employees' health affects their job performance, the quality of service we offer our customers, and the Company's continued success. Drugs, marijuana and/or alcohol abuse impairs the health and judgment of the user and is a threat to the safety of fellow employees.

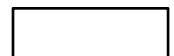
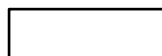
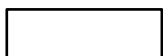
DISCLAIMER AND SIGNATURE

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge.

I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

Applicants Signature

Date



List of Benefits for Variable-Hour Employees

WORKER'S COMPENSATION INSURANCE:

All Wall Contracting employees are covered under provisions of Various State's Workers' Compensation Acts. Any accident or illness caused while performing services for the Company must be filed under the appropriate State's Workers' Compensation.

GROUP INSURANCE:

All Wall Contracting provide a group benefits program for eligible employees of the Company, including medical, dental and vision insurance. Please recognize that insurance benefits plan provisions are subject to change at any time. All detailed plan documents are available for review in the office upon request.

For eligible Variable-Hour Full-Time coverage becomes effective on the first day of the month following the completion of 1560 hours within the look back period of one year.

EMPLOYER-CONTRIBUTED TAX-DEFERRED RETIREMENT PLAN

All Wall Contracting offers employees the opportunity to participate in a tax-deferred 401(k) Retirement Plan. Each year in conjunction with the development of the Company's Budget, the Financial Manager will recommend what percent the Company may choose to match (1-4%). Employees are eligible to participate in the tax-deferral retirement plan after twelve months of satisfactory employment but must wait for the next enrollment period which happens twice a year, January and July. Example: For an employee hired on July 15, 2011 participation would begin January 1, 2013.

To become eligible to participate in the Plan, each employee must complete one full year of employment, be 21 years of age and have completed 1000 hours.

VACATION LEAVE

Vacation leave is applicable to Salaried and Full-Time Employees. Vacation time is considered an earned break from your duties at All Wall Contracting and you are encouraged to use it as a period of rest and relaxation.

Hourly Full-Time Field Employees start accruing vacation leave during their second year of employment and are eligible to use vacation leave during their third year.