

## EMPLOYMENT APPLICATION FORM

We are accepting applications. We offer great opportunities for full or part-time employment. We provide a positive and safe work environment as well as the training and tools you need to be successful.

### An Equal Opportunity Employer

This application form is intended for use in evaluating your qualifications for employment only. It is not an employment contract. All qualified applicants will receive consideration without regard to sex, marital status, race, age, creed, national origin, sexual preference, color, religion, disabilities, or status with regard to public assistance.

**DIRECTIONS: Fill out all questions completely and accurately. Incomplete applications will not be processed.**

Note: APPLICATIONS WILL BE KEPT IN ACTIVE PROCESSING FOR 30 DAYS ONLY

*\*required field*

### PERSONAL INFORMATION

\*Today's Date: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Current Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Postal Zip Code: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ \*Mobile Phone: \_\_\_\_\_

Date Available: \_\_\_\_\_

### DESIRED POSITION

- |                                    |                                  |                                 |                                    |
|------------------------------------|----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Taper   | <input type="checkbox"/> Sander | <input type="checkbox"/> Laborer   |
| <input type="checkbox"/> Lather    | <input type="checkbox"/> Plaster | <input type="checkbox"/> Tender | <input type="checkbox"/> Estimator |

### SKILLS

- |   |                                       |  |                                     |
|---|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Air & Vapor Barrier        | <input type="checkbox"/> Blueprints   | <input type="checkbox"/> Ceilings (ACT)    | <input type="checkbox"/> EIFS       |
| <input type="checkbox"/> Exterior Walls             | <input type="checkbox"/> Fireproofing | <input type="checkbox"/> Fireproof Tending | <input type="checkbox"/> Framer     |
| <input type="checkbox"/> Hawk & Trowel              | <input type="checkbox"/> Knockdown    | <input type="checkbox"/> Lath & Plaster    | <input type="checkbox"/> Metal Lath |
| <input type="checkbox"/> Pan & Knife                | <input type="checkbox"/> Putty Coat   | <input type="checkbox"/> Rocker            | <input type="checkbox"/> Sanding    |
| <input type="checkbox"/> Spray-applied Fireproofing | <input type="checkbox"/> Stucco       | <input type="checkbox"/> Stucco Tending    | <input type="checkbox"/> Taping     |
| <input type="checkbox"/> Venetian                   |                                       |  |                                     |

### CERTIFICATIONS

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Boom/Scissor Lift                     | <input type="checkbox"/> CPR/First Aid    | <input type="checkbox"/> Fall Protection     | <input type="checkbox"/> Fit Test        |
| <input type="checkbox"/> Hard Tire                             | <input type="checkbox"/> OSHA 10          | <input type="checkbox"/> OSHA 30             | <input type="checkbox"/> Powder Actuated |
| <input type="checkbox"/> PRO 10                                | <input type="checkbox"/> Rigging & Signal | <input type="checkbox"/> Scaffold Competency | <input type="checkbox"/> Welder          |
| <input type="checkbox"/> GHS<br>(global harmonization systems) |   |  |  |

**COMMERCIAL DRIVERS LICENSE**

- Class A                       Class B                       Medical Card

List any other skills or training you believe would be helpful in the position (optional).

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Are you over the age of 18? \*

- Yes     No

Are you legally eligible for employment in the United States? \*

- Yes     No

Are you fluent in any other language other than English?

- Yes     No

If yes, please list...

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Have you ever worked for us before?

- Yes     No

Do you have reliable transportation to and from the job sites?

- Yes     No

Do you belong to a union?

- Yes     No

If so, what local?

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**EDUCATION**

Please list the highest level of education completed.

- High School Diploma/GED                      Year of Graduation: \_\_\_\_\_  
School Name and Location: \_\_\_\_\_

- Trade or Vocational School                      Year(s) Attended: \_\_\_\_\_  
School Name and Location: \_\_\_\_\_                      Year of Graduation, if applicable: \_\_\_\_\_

- Some College                      Year(s) Attended: \_\_\_\_\_  
School Name and Location: \_\_\_\_\_

- College Degree                      Year of Graduation: \_\_\_\_\_  
School Name and Location: \_\_\_\_\_

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**EMPLOYMENT REFERENCES**

APPLICANT NOTE: Your application will not be considered unless every portion in this section is answered. Because we will make every effort to contact previous employers, the **correct phone numbers for all past employers is essential.**

Most Recent Employer

Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Salary: Hour: \_\_\_\_\_ Week: \_\_\_\_\_ Month: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Second Most Recent Employer

Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Salary: Hour: \_\_\_\_\_ Week: \_\_\_\_\_ Month: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Third Most Recent Employer

Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Salary: Hour: \_\_\_\_\_ Week: \_\_\_\_\_ Month: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**APPLICANT STATEMENT:**

**By submitting this form, I certify that answers given herein are true and complete to best of my knowledge.**

I understand and authorize that all of these statements and information contained in this application can be used as necessary to decide if employment will be offered.

This application will be active for 30 days. If after 30 days an applicant wishes to be considered beyond the 30 day period they should inquire as to whether or not applications are being accepted. I understand that any employment offered by Quality Drywall Midwest, Inc., is that of an "at will" nature and the employee can resign at any time for Quality Drywall Midwest, Inc. and at any time Quality Drywall Midwest, Inc. may terminate employment at any time with or without cause.

I am aware that I must adhere to all Quality Drywall Midwest, Inc. rules, regulations, and work practices I understand that once a conditional offer of employment is made, I will need to pass a drug / alcohol screen as a condition of my employment at Quality Drywall Midwest, Inc.

I am aware that any false information provided in this application, interview process or during drug / alcohol screening can result in employment being terminated immediately.

I accept

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The company is required by federal, state, and municipal laws to maintain records as a part of its affirmative action program. Please answer the appropriate questions listed below. Please be aware that you are not obligated to complete the following questions in this form, and that any information you provide voluntarily will be treated confidentially. The information will be retained only for the purpose of monitoring the success of the company's affirmative action program and will not be used for or have any effect on any hiring decisions.

Gender:  Male  Female

Race/Ethnic Group:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White                          | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander    | <input type="checkbox"/> 2 or more races    |

Check if any of the following are applicable:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Disabled                           | <input type="checkbox"/> Protected Veteran                        | <input type="checkbox"/> Disabled Veteran |
| <input type="checkbox"/> Armed Forces Service Medal Veteran | <input type="checkbox"/> Recently Separated Veteran<br>List Date: |   |

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Please mail, fax, or email your completed application. Thank you.

**Quality Drywall Midwest, Inc.**

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Fax: (763) 424-7637  
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