

**MODULINE  
APPLICATION FORM**

\*APPLICATION FORM MUST BE COMPLETED IN FULL BEFORE BEING CONSIDERED FOR EMPLOYMENT\*

NAME:	ARE YOU OVER 18?
ADDRESS:	TELEPHONE:
CITY: PROV:	WAGE DESIRED:
POSITION APPLYING FOR:	ARE YOU ABLE TO GET TO WORK FOR 7AM?:
ARE YOU CURRENTLY EMPLOYED?	DATE AVAILABLE TO START WORK:
HAVE YOU WORKED FOR MODULINE PREVIOUSLY YES NO	IF YES, YEAR WORKED:

**EDUCATION**

HIGHEST GRADE COMPLETED	NAME OF SCHOOL	CITY	FROM	TO	DIPLOMAS/ DEGREES
OTHER COURSES					

**PREVIOUS WORK EXPERIENCE**

DATES	COMPANY AND ADDRESS	POSITION	REASON YOU LEFT
FROM:	NAME:	POSITION:	
TO:	ADDRESS:	SUPERVISOR:	
FROM:	NAME:	POSITION:	
TO:	ADDRESS:	SUPERVISOR:	

**OTHER PERTINENT INFORMATION, EXPERIENCE OR EDUCATION**

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**REFERENCES**

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE

DATE:

SIGNATURE:

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 \*\*\*PLEASE NOTE ONLY APPLICANTS THAT WE CONSIDER WILL BE CONTACTED FOR EMPLOYMENT  
 NO PHONE CALLS PLEASE!!!!\*\* WE WOULD APPRECIATE YOUR COOPERATION  
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**FOR OFFICE USE ONLY**

STARTING POSITION:	STARTING WAGE:	STARTING DATE:
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Area A-Chris Gates

Receivers-Jeremy Parker

Area B-Marc Ward

Maintenance-Sheldon Braun

Area C-Damien Lesko

Pool workers- Mike Strothmann

I acknowledge meeting this employee: Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# Employment Questionnaire

Please read the following questions carefully before answering. Check the appropriate box, either yes or no.

**Applicant's Name**  
(Please Print):

Question	Yes	No
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<b>Drywall Specialties</b>	<b>Yes</b>	<b>No</b>
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5		

Signature

Date