

ZINTL INC. APPLICATION FOR EMPLOYMENT

Notice: Zintl, Inc. requires that applicants present themselves in person and personally complete and sign at our office (or specified project or job site hiring office)

Zintl, Inc. is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, religion, creed, age, sex, national origin, ancestry, familial status, marital status, pregnancy, disability (including those related to pregnancy or childbirth), sexual orientation, genetic information, complaining in good faith to the Employer or to a public authority, status with regard to public assistance, membership or non-membership in a labor organization, military, National Guard or reserve service, or any other characteristic or activity protected under federal, state or local law. None of the questions in this application is intended to elicit information regarding any protected characteristic(s), nor imply any limitation, illegal preference or discrimination based upon non-job-related information or protected characteristic(s). Zintl, Inc. complies with all applicable legal requirements in its hiring process and related tests and background checks.

If you are hired by Zintl, Inc. you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason. Similarly, if you are hired, Zintl, Inc. will have the right to terminate your employment at any time, for any reason, with or without cause, notice or prior warning or discipline. No Zintl, Inc. supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

NOTICE: THE LAW AND/OR POLICIES OF Zintl, Inc. MAY DISQUALIFY AN INDIVIDUAL WITH A PARTICULAR CRIMINAL HISTORY BACKGROUND FROM EMPLOYMENT IN PARTICULAR POSITIONS

PERSONAL INFORMATION:

NAME:

LAST	FIRST	MIDDLE
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CURRENT ADDRESS:

STREET	CITY	STATE	ZIP CODE
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PHONE: ()

CELL: ()

EMAIL:

EMERGENCY CONTACT:

NAME	PHONE	RELATIONSHIP
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POSITION APPLYING FOR:

Trade: Carpenter Taper Painter Plasterer
 Laborer Plaster Tender Other:

Classification: Foreman Journeyman Apprentice - % / Hours:

Union member? Yes No Local #:

Have you ever worked at our company before? Yes No

Do you have reliable transportation? Yes No

Skills:

- | | | | |
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| <input type="checkbox"/> Carpentry
<input type="checkbox"/> Layout/Read Plans
<input type="checkbox"/> Exterior Framing
<input type="checkbox"/> Interior Framing
<input type="checkbox"/> Metal Lathing
<input type="checkbox"/> Drywall
<input type="checkbox"/> Rough Carpentry
<input type="checkbox"/> Finish Carpentry
<input type="checkbox"/> Air & Vapor Barrier
<input type="checkbox"/> Armstrong Ceilings
<input type="checkbox"/> ACT Ceilings | <input type="checkbox"/> Taping
<input type="checkbox"/> Pan & Knife
<input type="checkbox"/> Hawk & Trowel
<input type="checkbox"/> Flat Boxes
<input type="checkbox"/> Bazooka Tapers
<input type="checkbox"/> Angle Boxes
<input type="checkbox"/> Nail Spotters
<input type="checkbox"/> Spray Textures
<input type="checkbox"/> Stilts
<input type="checkbox"/> Sanding
<input type="checkbox"/> Tuff Hide Level 5 | <input type="checkbox"/> Plastering
<input type="checkbox"/> EIFS
<input type="checkbox"/> Stucco
<input type="checkbox"/> Venetian Plaster
<input type="checkbox"/> Veneer Plaster
<input type="checkbox"/> Gypsum Plaster
<input type="checkbox"/> Putty Coat
<input type="checkbox"/> Fireproofing
<input type="checkbox"/> Spray Foam
<input type="checkbox"/> Stucco Tending
<input type="checkbox"/> Fireproof Tending | <input type="checkbox"/> Painting
<input type="checkbox"/> Wallcoverings
<input type="checkbox"/> Spraying
<input type="checkbox"/> Wall Graphics
<input type="checkbox"/> Glass Films
<input type="checkbox"/> Staining
<input type="checkbox"/> Intumescent Coatings
<input type="checkbox"/> Epoxy Paints
<input type="checkbox"/> Corner Protection
<input type="checkbox"/> Patching/Touchup
<input type="checkbox"/> Floor Coatings |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Certifications/Training:

- | | | | |
|--------------------------------------------------|--------------------------------------------------|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Scissor/Boom Lift | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Respirator Fit Test | <input type="checkbox"/> CPR/First Aid |
| <input type="checkbox"/> All-Terrain Forklift | <input type="checkbox"/> Scaffold | <input type="checkbox"/> Powder Actuated | <input type="checkbox"/> Welder |
| <input type="checkbox"/> OSHA 10 | <input type="checkbox"/> OSHA 30 | <input type="checkbox"/> Pro 10 | <input type="checkbox"/> Rigging |
| <input type="checkbox"/> Flagger | <input type="checkbox"/> Respirable Silica | <input type="checkbox"/> GHS/Hazard Comm. | <input type="checkbox"/> Master Plasterer |
| <input type="checkbox"/> Class A – Driver’s Lic. | <input type="checkbox"/> Class B – Driver’s Lic. | <input type="checkbox"/> Medical Card | <input type="checkbox"/> Other: _____ |

EDUCATION:

	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?
HIGH SCHOOL		
COLLEGE		
TRADE, VOCATION OR BUSINESS SCHOOL		

FORMER EMPLOYERS:

NAME AND CITY OF EMPLOYER	DATE OF EMPLOYMENT	PAY RATE	POSITION	REASON FOR LEAVING
	FROM: TO:			
	FROM: TO:			
	FROM: TO:			
	FROM: TO:			

ACKNOWLEDGMENT: PLEASE READ AND SIGN (if you agree)

By my signature below, I promise that the information provided in this employment application (and any related information provided by me) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date, no matter how long I have been employed. I agree to immediately notify Zintl, Inc. if I should be convicted of or plead guilty to any crime during my period of employment if hired by Zintl, Inc.

I authorize Zintl, Inc. (the “Employer”) to obtain and/or to provide any and all information and opinion which the Employer elects to obtain, use or provide in connection with my application for employment and/or any employment with the Employer, prior to, during and after my employment. Such information and opinion may be sought from any and all prior employers (except as noted above), schools or other persons or organizations who may have information the Employer deems relevant in connection with my application for employment and during my employment, and may be provided by the Employer in response to any request for information and opinion concerning my employment or my separation from employment with the Employer, to any and all banks or mortgage companies, governmental agencies, insurers, prospective employers or other schools, persons or organizations deemed appropriate for receipt of such information by the Employer. I understand that the Employer may provide any and all information and opinion, which may include, but is not limited to, opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold the Employer (including its principals, employees, agents, consultants, attorneys and insurers) and any such other employer, school, person or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action arising from any such provision or receipt of information and opinion, no matter what its character.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGATED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED ZINTL, INC. POLICIES, AND THAT ZINTL, INC. DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, NOTICE OR PRIOR WARNING OR DISCIPLINE. I UNDERSTAND THAT NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS STATED IN THIS EMPLOYMENT APPLICATION

Applicant’s Signature _____ Date _____