

MasterRock, LLC
&
Spectrum Underground, Inc.

Thank you for your application to our company, please be advised that we do verify Social Security Information.

Gracias por su aplicación, y por la presente le notificamos cordialmente que la información del Seguro Social será verificada.

Employment Experience:

Provide accurate and complete full/part-time employment information. Start with your present or most recent employer first.

(If applicable, provide employment information for up to the last 10 years. Attach additional sheets if needed.)

Company Name:	Telephone:
Address:	Employed From: (mo/yr) To: (mo/yr)
Name of Supervisor:	Salary/Wages Start: Finish:
State job title and responsibilities:	Reason for separation May we contact the employer: Yes No
Company Name:	Telephone:
Address:	Employed From: (mo/yr) To: (mo/yr)
Name of Supervisor:	Salary/Wages Start: Finish:
State job title and responsibilities:	Reason for separation May we contact the employer: Yes No
Company Name:	Telephone:
Address:	Employed From: (mo/yr) To: (mo/yr)
Name of Supervisor:	Salary/Wages Start: Finish:
State job title and responsibilities:	Reason for separation May we contact the employer: Yes No

References:

List below the names of three persons, not related to you, whom you have known for at least one year.

Name / Title	Address & Phone	Business	Years Known

Acknowledgement:

By signing below, I affirm that all of the information provided on and/or with this application and in any interview will be true, complete and accurate, and that I have not misrepresented or withheld any information. Further, I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I understand that submission of an application does not guarantee employment. I further understand that if I am hired that my employment with the Company is at will, for no definite period of time, and may be terminated either by the Company or myself at any time, with or without cause or notice.

I understand and authorize that the Company may contact my previous employers to obtain the pertinent information related to my employment with them. Further, I release my previous employers from any liability from their disclosure of truthful and accurate information about me to the Company.

I understand that any offer of employment may be contingent upon a background investigation and/ or drug screen. I hereby release all parties, including agents, from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the Company or as a result of information obtained through a background investigation or drug screen.

I understand that this application is considered current for 30 days. If I wish to be considered for employment after this period, I must complete and submit a new application.

Signature of Applicant: _____ Date: _____