

**Blastmaster Surface Restoration, Inc.**  
**Media Blasting and Log Home Restoration**

DATE OF APPLICATION: \_\_\_\_\_

**Incomplete applications may result in disqualification for employment with Blastmaster.**

**CURRENT INFORMATION**

<b>Name:</b>	<b>U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Address:</b>	<b>Date of Birth:</b>
<b>City, State, Zip:</b>	<b>Social Sec. #</b>
<b>Phone # for us to contact you:</b>	<b>Drivers License #:</b>
<b>How did you learn about us? (Friend, Employment Agency, Advertisement, etc.)</b>	<b>Email:</b>
<b>Specific Position Desired:</b>	<b>Starting Salary Desired:</b>
<b>Days and hours desired:</b>	
<b>Days &amp; hours you are <i>unable</i> to work:</b>	

**PHYSICAL CONDITION: (Most positions are strenuous in nature.)**

<b>Can you lift 25 lbs?                      50 lbs?                      80 lbs?</b>
<b>Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>(A review of the activities involved in such a job or occupation has been provided in the application packet.)</b>

**DRIVING: (Most positions require driving a company vehicle)**

<b>Do you have a valid drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	<b>Do you have dependable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>List any traffic violations you have had within the last 3 years:</b>	
<b>Date: _____</b>	<b>Event: _____</b>
<b>Date: _____</b>	<b>Event: _____</b>
<b>Date: _____</b>	<b>Event: _____</b>

**PERSONAL HISTORY: (Answer yes or no and describe.)**

<b>Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Have you ever been bonded at a previous job? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Have you had management training? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please define: _____</b>
<b>Have you ever worked as a supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>If yes, please explain: _____</b>

**WORK HISTORY:**

Are you currently employed? Yes  No

May we contact your current employer? Yes  No

May we contact your previous employers? Yes  No

<b>Most recent Employer:</b>	<b>Date Started</b>	<b>Date Left</b>	<b>What did you like best about the job?</b> _____ _____
<b>Address:</b>			
<b>City, State:</b>			
<b>Phone #:</b>	<b>Starting Salary</b>	<b>Ending Salary</b>	<b>What did you like least about the job?</b> _____ _____
<b>Job Title:</b>			
<b>Supervisor:</b>			
<b>Tasks performed:</b>		<b>Reason for leaving:</b>	

<b>Previous Employer:</b>	<b>Date Started</b>	<b>Date Left</b>	<b>What did you like best about the job?</b> _____ _____
<b>Address:</b>			
<b>City, State:</b>			
<b>Phone #:</b>	<b>Starting Salary</b>	<b>Ending Salary</b>	<b>What did you like least about the job?</b> _____ _____
<b>Job Title:</b>			
<b>Supervisor:</b>			
<b>Tasks performed:</b>		<b>Reason for leaving:</b>	

<b>Previous Employer:</b>	<b>Date Started</b>	<b>Date Left</b>	<b>What did you like best about the job?</b> _____ _____
<b>Address:</b>			
<b>City, State:</b>			
<b>Phone #:</b>	<b>Starting Salary</b>	<b>Ending Salary</b>	<b>What did you like least about the job?</b> _____ _____
<b>Job Title:</b>			
<b>Supervisor:</b>			
<b>Tasks performed:</b>		<b>Reason for leaving:</b>	

<b>Previous Employer:</b>	<b>Date Started</b>	<b>Date Left</b>	<b>What did you like best about the job?</b> _____ _____
<b>Address:</b>			
<b>City, State:</b>			
<b>Phone #:</b>	<b>Starting Salary</b>	<b>Ending Salary</b>	<b>What did you like least about the job?</b> _____ _____
<b>Job Title:</b>			
<b>Supervisor:</b>			
<b>Tasks performed:</b>		<b>Reason for leaving:</b>	

PLEASE EXPLAIN ALL GAPS IN EMPLOYMENT: \_\_\_\_\_

Do you have a High School Diploma or the equivalent? Yes  No

**SPECIALIZED SKILLS:**

(Please list equipment operated, specialized experience/training from military or other jobs and/or activities.)

___ Construction	___ Forklift	___ Supervision of Other Employees	
___ Equipment/Machinery Repair	___ Media Blasting	___ Painting/Staining	___ Sales/Marketing

**State any additional information regarding your skills/experience that you feel may be helpful to us in considering your application:**

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**What do you expect from Blastmaster?**

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**If hired, what can Blastmaster expect from you?**

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**PERSONAL/PROFESSIONAL REFERENCES: (Do not include family members or past employers.)**

Name	(Area Code) Phone Number	Best Time to Call	Relationship to Applicant
1.			
2.			
3.			

By my signature below, I certify that the information I have supplied on this application is true and accurate to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate termination. Yes  No

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. Yes  No

I understand and acknowledge that any employment relationship with this organization is of an at-will nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. Yes  No

I further understand that this at-will employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. Yes  No

I understand that I may be asked, as a condition of employment, to submit to drug and/or alcohol testing. Yes  No

I understand that I may be asked, as a condition of employment, to submit to respiratory testing. Yes  No

I understand that I will be asked, as a condition of employment, to submit to criminal background and driving record checks. Yes  No

I understand and acknowledge that I am required to abide by all rules and regulations of the Employer. Yes  No

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Blastmaster Surface Restoration, Inc.

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## Authorization for Release of Information

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of Blastmaster Surface Restoration, Inc.(BLASTMASTER), whether the said records are of a public, private or confidential nature. In addition, I authorize BLASTMASTER to use this same release form to access and review my records annually or as deemed necessary without additional signatures or permission as a condition of continued employment.

I understand that I may be asked, as a condition of employment, to submit to drug, alcohol and respiratory testing and do hereby give my permission for the results of any and all of these tests to be released to BLASTMASTER.

In the event of an official investigation regarding any circumstance or incident involving BLASTMASTER employees, I give my permission for any duly authorized agent of BLASTMASTER, to release this form to all investigating officials without additional signatures or permission as a condition of continued employment.

The intent of this authorization is to give my consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed; employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me; medical and psychiatric testing, treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration;

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this authorization for release of information.

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Full Name – PRINTED

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Address

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City, State, Zip

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Signature

Date

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Gender

Date of Birth

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Social Security Number