

# MASCO, Inc. APPLICATION FOR EMPLOYMENT

Thank you for your interest in applying for a job with MASCO, Inc. Because of our commitment to offering the highest possible satisfaction to our customers we are interested in hiring the best employees. We want to have the a complete understanding of your qualifications, skills, motivation and interests so that we can make careful and deliberate hiring decisions that will benefit both MASCO, Inc. and its customers. Please answer the following questions honestly, completely and thoroughly.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, disability, age, ancestry or military status.

Date of Application: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

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

Primary Telephone: \_\_\_\_\_ Secondary Telephone: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Have you ever worked under another name, please identify: \_\_\_\_\_

## JOR JOB INTERESTS

Position Desired: \_\_\_\_\_

What starting salary do you expect: \$ \_\_\_\_\_/hr. or \$ \_\_\_\_\_/yr.

Are you available for full-time work? \_\_\_\_\_

Are you available for part-time work? \_\_\_\_\_

Are you willing to work any shift? \_\_\_\_\_

Date you can start work? \_\_\_\_\_

Have you ever worked for MASCO, Inc. before? \_\_\_\_\_

Do you know anyone who currently works at MASCO, Inc.? \_\_\_\_\_

**YOUR EDUCATION AND TRAINING**

Indicate highest year completed	1 2 3 4	1 2 3 4	1 2 3 4
	High School	College	Trade School

What was the last (most recent) school you attended? \_\_\_\_\_

If you graduated from a trade/technical school, what was the area of training? \_\_\_\_\_

If you graduated from college, what was your major? \_\_\_\_\_

**YOUR WORK EXPERIENCE**

Are you presently employed? \_\_\_\_\_ Are you on layoff and subject to recall? \_\_\_\_\_

1. Present or last employer: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position Title: \_\_\_\_\_ Starting Hourly Pay: \_\_\_\_\_

Final Position Title: \_\_\_\_\_ Final Hourly Pay: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Name and title of supervisor: \_\_\_\_\_

Description of your work and responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer: \_\_\_\_\_, if no, please explain: \_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer: \_\_\_\_\_, if no, please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Next previous employer: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Phone: \_\_\_\_\_ page 2 of 6

Starting Position Title: \_\_\_\_\_

Starting Hourly Pay: \_\_\_\_\_

Final Position Title: \_\_\_\_\_

Final Hourly Pay: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Name and title of supervisor: \_\_\_\_\_

Description of your work and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer: \_\_\_\_\_, if no, please explain: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer: \_\_\_\_\_, if no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Next previous employer: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position Title: \_\_\_\_\_ Starting Hourly Pay: \_\_\_\_\_

Final Position Title: \_\_\_\_\_ Final Hourly Pay: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Name and title of supervisor: \_\_\_\_\_

Description of your work and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer: \_\_\_\_\_, if no, please explain: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer: \_\_\_\_\_, if no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Next previous employer: \_\_\_\_\_

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

Type of business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position Title: \_\_\_\_\_ Starting Hourly Pay: \_\_\_\_\_

Final Position Title: \_\_\_\_\_ Final Hourly Pay: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Name and title of supervisor: \_\_\_\_\_

Description of your work and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer: \_\_\_\_\_, if no, please explain: \_\_\_\_\_

\_\_\_\_\_

May we contact this employer: \_\_\_\_\_, if no, please explain: \_\_\_\_\_

\_\_\_\_\_

**YOUR BACKGROUND INFORMATION**

Do you have, or have you applied for the legal right to remain permanently and work in the United States: \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Note: A record of criminal conviction will not necessarily be a bar to employment, however, MASCO, Inc. is prohibited by law from employing individuals with certain types of criminal convictions. It is the practice of MASCO, Inc. to conduct a criminal background check on all potential employees prior to an offer of employment.

Have you ever been convicted of a crime other than minor traffic violations: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Note: MASCO, Inc. may obtain a Driver's Abstract prior to or as part of a conditional offer of employment. This procedure is mandated if you will be required to drive a vehicle as part of your job.

Have you had in any accidents in the past year: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

\_\_\_\_\_ . page 4 of 6

Has your Driver's License ever been suspended or revoked, denied or canceled: \_\_\_\_\_ if yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**YOUR REFERENCES**

Completing this section is optional. Leave this area blank if you do not wish to answer. If you do complete this section, list the names of any professional or personal character references that you have known you for at least three years and from whom you can obtain letters of recommendations from. Please do not list relatives.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Please read the following information carefully before signing below. By signing below, I certify that I have read, understand and agree to each of the following statements:

If I am hired by MASCO, Inc. and if MASCO, Inc. discovers at any time during my employment that any of the statements or information on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for ninety (90) days from the date of my signature below. If I want to be considered for a job with MASCO, Inc. after that period of time, I must fill out another application.

I agree to submit to a medical examination which will include testing for illegal drugs or alcohol prior to beginning work. I understand that if I am employed by MASCO, Inc. I may be required, when job related and consistent with MASCO, Inc. business needs, to undergo a medical examination or testing for illegal drugs at any time. If I am injured on the job, I agree to be tested for drugs or alcohol immediately or as soon as possible after the injury.

In consideration of my employments at MASCO, Inc., I agree to abide by all rules, regulations and policies.

I understand nothing in this application creates a contract of employment between me and MASCO, Inc. If I am hired by MASCO, Inc. my employment and compensation are "at will" which means my employment can be terminated either by MASCO, Inc. or by me with or without cause and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me orally or in writing that is not an "at will" agreement. Only the Chief Executive Officer has the authority to enter into an employment agreement for any specified period of time with me.

I agree to release MASCO, Inc. or its designated agents all medial information including but not limited to files, reports, x-rays, evaluations and opinions held by medical personnel to the extent such information is job-related and consistent with MASCO, Inc. business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to MASCO, Inc. I authorize MASCO, Inc. to withhold from my wages such amounts as permitted by law to satisfy my obligation.

I give MASCO, Inc. my permission to conduct any investigation regarding the information contained in my employment application with MASCO, Inc. if MASCO, Inc. thinks it is necessary to determine my qualifications for assuming a job within this organization. I give MASCO, Inc. my permission to contact any former employer, or an appropriate source or individual for the purpose of gathering information, personal or otherwise that such sources may have about my character, general reputation, credit, education or employment record and I give my consent to any source to release to MASCO, Inc. whatever information they have about me. I also unconditionally release all named and unnamed source from any and all liability which might result from furnishing information about me.

In consideration of my employment with MASCO, Inc. I agree that I will not, under any circumstance nor at any time discuss wage or benefits information with any other employee, affiliate to member of the public.

I agree under no circumstance nor for any purpose shall employees agents of MASCO, Inc. be considered employees of the Mahoning County Board of Developmental Disabilities, nor shall employees or agents of the Mahoning County Board of Developmental Disabilities be considered employees of MASCO, Inc.

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Signature

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Date