

# WILKS MASONRY, LLC.

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NEW HIRE PACKET: please use blue or black ink only.

EMPLOYEE NAME: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PAYRATE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

*Employees Preferred Language:*  English  Spanish (For Benefit Guide)

**EMPLOYEE:** Complete all forms within this packet. A copy of your current Driver's License and Social Security Card must be submitted with this packet. Also, if you are electing Direct Deposit a voided check needs to be included to expedite the process.

**EMPLEADO:** Complete todas las formas dentro de este paquete. Una copia de su actual licencia de conducir y tarjeta de seguridad social deben ser presentadas con este paquete. Además, si elige Depósito Directo un cheque cancelado debe incluirse para acelerar el proceso.

**SUPERVISOR:** Make sure Section 1 is filled out correctly by the employee and make sure they have signed & dated the form. Please make sure you fill out Section 2 on I-9 form. You must fill out, date and sign the Certification Box on the I-9.

**SUPERVISOR:** Asegúrese de que la Sección 1 se rellena correctamente por el empleado y asegurarse de que ellos han firmado el I9. Por favor, asegúrese de rellenar la Sección 2 en el I-9. Usted debe llenar, firmar y poner fecha en la Sección de Certificación de la forma I-9.

Please Mail entire packet to:

Wilks HR Department  
Attn: Liz Miranda  
P.O. Box 1032  
Cisco, TX. 76437

# WILKS MASONRY LLC

An Equal Opportunity Employer

Employment Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Street Apt# City State Zip Code

Social Security# \_\_\_\_\_ Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Are you a citizen of the United States? Yes  No  If no, are you authorized to work in the U.S.? Yes  No

Have you ever worked for this company? Yes  No  If yes, When? \_\_\_\_\_

Are you related to anyone currently employed by this company? Yes  No  Name and Relationship \_\_\_\_\_

Have you been convicted of a crime in the last five (5) years? Yes  No

If yes, please explain: \_\_\_\_\_

Special Skills: \_\_\_\_\_

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## Previous Employment

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

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## DISCLAIMER AND SIGNATURE

### AUTHORIZATION

"I authorize that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waived does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant Federal State Laws."

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Employee Information Form

\*Indicates Required Field

(Only one number required per emergency contact)

\*Employee Name (please print): \_\_\_\_\_

Employee Home Phone: \_\_\_\_\_

Employee Cellular Phone: \_\_\_\_\_

\*Marital Status (check one):  Single  Married  Divorced  Separated  Widowed

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## Emergency Contact Information

### Primary Emergency Contact Information

\*Contact Name: \_\_\_\_\_

\*Relationship: \_\_\_\_\_

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

\*City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Business Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Other Phone (check one): \_\_ (\_\_\_\_) \_\_\_\_\_

Cell  Pager  Alternate

### Secondary Emergency Contact Information

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Business Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Other Phone (check one): \_\_ (\_\_\_\_) \_\_\_\_\_

Cell  Pager  Alternate

DRUG AND ALCOHOL TESTING CONSENT AND RELEASE FORM

Subject to Wilks Masonry's policies and procedures, I hereby agree to have a urine test (or blood test, if necessary) to detect alcohol or controlled substances. I also agree that the report of any test may be released to Wilks Masonry. I understand that if the test detects the presence of alcohol, controlled-substances, or masking drugs, then that shall constitute a willful and deliberate violation of Wilks Masonry's policies and procedures, and Wilks Masonry may take such disciplinary or other measures which, in its sole discretion, it deems appropriate, up to and including the termination of my employment without severance pay.

Employee Signature: \_\_\_\_\_

Employee Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



ACKNOWLEDGEMENT OF POLICY AND PROCEDURE MANUAL

This will acknowledge that I have read the Wilks Masonry Corporation Policy and Procedure Manual. I acknowledge that I have read and familiarized myself with the Policy and Procedure Manual and the policies contained therein, and I understand that it is my responsibility to abide by these policies.

I understand that my signature below indicates that I have read and understand the above statements. I further understand that my signature below does not operate in any manner to convert this Policy and Procedure Manual into an Employment Contract between Wilks Masonry and myself.

Employee Signature: \_\_\_\_\_

Employee Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

EMPLOYEE ACKNOWLEDGMENT  
OF SAFETY POLICY

"WILKS MASONRY policy is to provide a safe place of employment for its employees and to abide by accident prevention regulations established by Federal, State and Local governments and this company. We are sincerely interested in the safety and welfare of our employees and accident prevention is essential to maintaining a safe and efficient work environment."

To comply with the above and to assist in accident prevention, published rules and guidelines shall be observed at all times. It is, however, impossible to publish a rule to cover every circumstance. Each employee must assume an individual responsibility for his/her role in the overall Safety Program and safety practices are meant for the employee's protection and not meant to hinder any work or work product.

Employees are urged to fully cooperate. Abuse or disregard to these rules is a violation of company policy and will be treated accordingly. Employees must help in preventing accidents that will benefit all workers and all should strive for a record of zero accidents.

In addition, each employee acknowledges that he/she has read and understands the discipline policy for violation of any Wilks Masonry's safety policies/practices.

First Violation: Verbal Notice

Second Violation: Verbal Notice and Written Report to Personnel File

Third Violation: Verbal Notice, Written Report to Personnel File, and the employee will be subject to termination.

Employees who conduct themselves in a flagrant manner putting the safety and health of themselves or other workers in immediate danger shall be subject to immediate suspension or termination at any time.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Printed Name

**ACKNOWLEDGEMENT OF EMPLOYEE ATTENDANCE POLICY**

To maintain a safe and productive work environment, WMC expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on WMC. Poor attendance and/or excessive tardiness may lead to disciplinary action, up to and including termination of employment.

If an employee cannot avoid being late to work or is unable to work as scheduled, he/she must notify his/her supervisor as soon as possible in advance of the anticipated tardiness or absence. Failure to notify a supervisor of tardiness or absence may lead to disciplinary action, up to and including termination of employment.

Employees are not entitled to written warnings. Any disciplinary action taken by Wilks Masonry Corporation, whether under this policy or any other policy, may be taken with or without written warning to the employee.

**By signing this Notice, I, the undersigned, acknowledge and understand Wilks Masonry Corporation's Employee Attendance Policy. I understand that my failure to abide by this policy, or any other policy, is grounds for immediate termination. I understand that I may be terminated with or without any written or verbal warning.**

Employee Signature: \_\_\_\_\_

Employee Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



ACKNOWLEDGEMENT OF POLICY ON  
WORKERS' COMPENSATION AND ON-THE-JOB INJURIES

I, the undersigned, understand and agree to abide by Wilks Masonry's accident policy and procedures. I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of Wilks Masonry. I understand it is my responsibility to report any injuries to my supervisor immediately.

In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings, and documents of any kind relating to my past or present injury/illness to Wilks Masonry. I hereby agree to release this information and hold harmless all such providers harmless from the release of this information as set forth in this authorization.

Employee Signature: \_\_\_\_\_

Employee Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



# WILKS MASONRY CORPORATION

The information contained in the Employment Application is vital to your employment with Wilks Masonry. All documents must be filled out completely and signed by you before employment can be considered.

You will be considered for employment without regard to race, color, religion, sex, national origin or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES VOLUNTARY QUIT CONNECTED WITH THE WORK AND UNEMPLOYMENT BENEFITS MAY BE DENIED.

1. Refusal or failure to accept a suitable work assignment based upon pay, qualification or location.
2. Failure to call your foreman, at the end of job/assignment regardless of the reason of separation, with notification of your availability to work.
3. The company's receipt of an unemployment claim from you without prior notification of your availability to work is a notice of a voluntary quit.
4. Failure to notify Wilks Masonry with your change of address or phone number.

By initialing the following areas you verify that you have received a copy of the company policies, have read, fully understand and agree to adhere to these policies.

- I understand this is not for payroll purposes only
- I understand the job location where I am initially hired on will not be a permanent location.
- I understand it is my responsibility to report any injuries to my supervisor immediately. It is my responsibility to report if taking time off work to my supervisor. It is also my responsibility to report to my supervisor when I am released to return to work.

**MEDICAL AUTHORIZATION:** by signing below I authorize full access to copies of medical records, radiology reports, drug alcohol screenings, and documents of any kind relating to my past or present injury/illness to Wilks Masonry. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.

**PAYROLL DEDUCTION AUTHORIZATION:** by signing below I authorize deductions when applicable to be made out of my paycheck for tools, errors in payroll, overpayments and any other work related deductions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given: Please check one: YES: \_\_\_\_\_ NO: \_\_\_\_\_