

EMPLOYMENT APPLICATION



Valid for one year. Please complete all sections clearly and accurately. Incomplete applications may not be considered.

1 PERSONAL INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Cell Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

2 INTEREST, ELIGIBILITY & QUALIFICATIONS

Position(s) Applied For (Select all that apply)

<input type="checkbox"/> Scaffold Crew Member	<input type="checkbox"/> Lath Crew Member	<input type="checkbox"/> Stucco Crew Member
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☐ **Warranty Service Technician** Note: Warranty Techs are required to drive a company vehicle or for company purposes. As such, employment will be contingent upon maintaining a valid driver's license and an acceptable motor vehicle record. A Motor Vehicle Report (MVR) may be obtained prior to hiring and at any time during employment.

License Number	<input type="text"/>	State of Issuance	<input type="text"/>	Expiration	<input type="text"/>
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Have you had any moving violations in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has your license ever been suspended, revoked, or restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you at least 18 years old and authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you worked with American Legacy Stucco & Stone before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, when?

Can you perform the essential duties with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have reliable transportation to and from job sites throughout the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What is the maximum distance you are willing to travel in a day?

Years of Experience in Lath	<input type="text"/>	Stucco	<input type="text"/>	Stonework	<input type="text"/>
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Provide the following information for your **two most recent employers**. If you have not had two employers, please explain.

Employer	<input type="text"/>	Position	<input type="text"/>	Years Worked	<input type="text"/>
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Employer	<input type="text"/>	Position	<input type="text"/>	Years Worked	<input type="text"/>
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3 LEGAL ACKNOWLEDGEMENTS

American Legacy Stucco & Stone is an equal opportunity employer. Employment decisions are made without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, veteran status, or any other protected status in accordance with applicable federal, state, and local law.

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false statements, omissions, or misrepresentations may result in disqualification from employment or, if hired, termination.

I understand that if I am hired, my employment will be on an at-will basis. This means either I or American Legacy Stucco & Stone may terminate the employment relationship at any time, with or without cause or notice, subject to applicable law. No representative of the company has authority to enter into any agreement contrary to the at-will relationship.

<input type="text"/>	<input type="text"/>
Applicant Signature	Date Submitted

INITIAL EMPLOYMENT NOTICE



This notice confirms the key details of your at-will employment with American Legacy Stucco & Stone, including your position, pay details, and other important information. Please review carefully and keep a copy for your records.

1 EMPLOYEE INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Cell Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	City, State	<input type="text"/> Zip <input type="text"/>
Birth Date	<input type="text"/>	Sex	<input type="text"/>
Ethnicity	<input type="text"/>	Size	<input type="text"/>
		Social Sec	<input type="text"/>
		Status	<input type="text"/> Veteran <input type="text"/>

2 EMPLOYMENT INFORMATION

Company	<input type="text"/>	FEIN	<input type="text"/>	Hire Date	<input type="text"/>
Main Office	<input type="text"/>	Contact	<input type="text"/>		
Position	<input type="text"/>	Manager	<input type="text"/>		
FLSA Status	<input type="text"/>	Reg Rate	<input type="text"/>	OT Rate	<input type="text"/>
Piece Rate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>			
Pay Day	<input type="text"/> on <input type="text"/>	Category	<input type="text"/>		

Based on your start date, your first pay day will be Friday,

3 EMERGENCY INFORMATION

While we work hard to maintain safe job sites, emergencies can happen. To ensure we can respond quickly and appropriately, please provide the emergency contact and basic medical information below. This information will be kept confidential and only provided to medical professionals or other essential personnel in the event of a life or health threatening emergency.

Full Name	<input type="text"/>	Allergies	<input type="text"/>
Relationship	<input type="text"/>	Conditions	<input type="text"/>
Mobile Phone	<input type="text"/>		
Address	<input type="text"/>	Medications	<input type="text"/>
	<input type="checkbox"/> Same as Employee		

4 CERTIFICATION & ACKNOWLEDGEMENT

I certify that the above information is true and accurate to the best of my knowledge. I understand it is my responsibility to keep this information current - through Workforce or by submitting an updated form - for the duration of my employment.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager	Date	Employee	Date

EMPLOYEE PROFILE



This information is personal and confidential. It may only be used in matters of employment and shared in cases of emergency

1**EMPLOYEE INFORMATION**

First Name	<input type="text"/>	Last Name	<input type="text"/>				
Cell Phone	<input type="text"/>	Email	<input type="text"/>				
Address	<input type="text"/>	City, State	<input type="text"/>	Zip	<input type="text"/>		
Ethnicity	<input type="text"/>	Size	<input type="text"/>	Birth Date	<input type="text"/>	Sex	<input type="text"/>

2**EMERGENCY INFORMATION**

While we work hard to maintain safe job sites, emergencies can happen. To ensure we can respond quickly and appropriately, please provide the emergency contact and basic medical information below. This information will be kept confidential and only provided to medical professionals or other essential personnel in the event of a life or health threatening emergency.

Full Name	<input type="text"/>	Allergies	<input type="text"/>
Relationship	<input type="text"/>	Conditions	<input type="text"/>
Mobile Phone	<input type="text"/>	Medications	<input type="text"/>
Address	<input type="text"/>		
<input type="checkbox"/>	Same as Employee		

3**CERTIFICATION & ACKNOWLEDGEMENT**

I certify that the above information is true and accurate to the best of my knowledge. I understand it is my responsibility to keep this information current - through Workforce or by submitting an updated form - for the duration of my employment.

<input type="text"/>	<input type="text"/>
Employee	Date

AMERICAN LEGACY STUCCO & STONE

DIRECT DEPOSIT REQUEST



Pay periods run from Monday thru Sunday; all payroll changes will take effect at the beginning of a payroll period unless otherwise indicated. Direct Deposit Requests must be submitted to Payroll at HR@american-stucco.com no later than 5:00 p.m. on the Monday before the effective payroll.

First NameLast Name

Effective Pay Date

1

CHANGE INFORMATION

Priority	Account Type	Account Number	Routing Number	Amount
1				
2				
3				
4				
5				

2

AUTHORIZATION & ACKNOWLEDGEMENT

I authorize American Legacy Stucco and Stone to deposit my wages into the bank accounts specified above. This authorization shall remain in effect until I submit an updated request indicating its termination or change.

Corrections

I hereby also grant my employer the right to correct any transfers resulting from an erroneous overpayment by debiting my account to the extent of the overpayment.

Account Authority

My signature below certifies that I am the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into these accounts. I understand that it is my sole responsibility to verify the information above is complete and accurate.

Employee Authorization

Date

3

PAYROLL APPROVAL & PROCESSING

Approved

For Pay Date

Entered

Bank/Pay Details

PAYROLL DEDUCTION REQUEST



In response to employee requests, American Legacy Stucco & Stone has elected to permit employees to authorize certain voluntary payroll deductions. These may include, for example, the donation of a portion of one's post-tax earnings to one or several other employees, at the requesting employee's sole discretion and for purposes entirely unrelated to employment.

This request form must be completed, fully and accurately, before any voluntary payroll deductions will be processed. **Completed forms must be submitted no later than 5:00 p.m. on Monday** to be included in that week's payroll. Requests received after the deadline will be applied to the following pay cycle.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Mobile Phone	<input type="text"/>	Email	<input type="text"/>

1 DEDUCTION DETAILS

I request and authorize American Legacy Stucco and Stone to deduct from my wages.

For the following purpose(s)

On pay date ☐ *If checked, ONLY process for this EXACT pay date - void if not possible*

2 EMPLOYEE AUTHORIZATION

By signing below, I authorize American Legacy Stucco and Stone to make the above payroll deduction(s). My request is entirely voluntary and for my personal benefit. No employment conditions, threats, or promises have influenced my decision and I have had the opportunity to ask questions to ensure that I fully understand the terms of this authorization.

Changes & Revocation

This authorization will remain in effect until the total authorized amount has been deducted, or until I submit a written request to modify or revoke this authorization.

Written change or cancellation requests must be received by Human Resources at HR@american-stucco.com no later than 5:00 p.m. on Monday to be included in that week's payroll. Requests received after the deadline will be applied to the following pay cycle(s).

Errors & Disputes

I understand that if an error is made, American Legacy Stucco & Stone has the right to correct the deduction in compliance with applicable federal and state wage and hour laws. In no case will a deduction reduce my pay below minimum wage.

If at any time the employee believes the agreed upon terms are not correctly adhered to, they shall communicate their concern(s) to Human Resources at HR@american-stucco.com. Disputes must be received no later than 30 calendar days from the disputed deduction. In the event of a dispute, all active disputed payroll deductions shall stop until a full investigation has been completed and the results of the investigation have been communicated to the employee in writing.

Employee Authorization

Date

3 PAYROLL APPROVAL & PROCESSING

Approved

For Pay Date(s)

Entered

Pay Details

EMPLOYMENT CHANGE



Pay periods run from Monday thru Sunday; all payroll changes will take effect at the beginning of a payroll period unless otherwise indicated. To prevent retro-active adjustments, changes must be submitted to Payroll at HR@american-stucco.com no later than 5:00 p.m. on the Monday before the effective payroll.

First Name

Last Name

Effective Pay Date

Retroactive

1

CHANGE INFORMATION

Change

From / Current

To / New

2

REASON FOR CHANGE(S)

☐ Merit Based

☐ Length of Service

☐ Promotion to a New Position

☐ Change in Job Duties or Transfer

☐ Market or Piece Rate Adjustment

Comments

3

AUTHORIZATION & ACKNOWLEDGEMENT

Authorized By

All non-standard payroll changes must be approved by the owner and should not be discussed until approved.

Manager Authorization

Date

Owner Approval

Date

Employee Acknowledgement

I have received the above notice and understand the change(s) as they affect me.

Employee Acknowledgement

Date

AMERICAN LEGACY STUCCO & STONE

HEALTH PLAN ENROLLMENT



1 ACTIVE EMPLOYEE INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>		
Cell Phone	<input type="text"/>	Email	<input type="text"/>		
Address	<input type="text"/>	City, State	<input type="text"/>	Zip	<input type="text"/>
Position	<input type="text"/>	Hire Date	<input type="text"/>	Eligible	<input type="text"/>
Social Sec	<input type="text"/>	Birth Date	<input type="text"/>	Sex	<input type="text"/>

2 HEALTH INSURANCE PLAN OPTIONS

Health Plan Selected	Coverage Level	Your Cost per Pay Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

FAMILY MEMBERS TO BE COVERED

Relationship	Full Legal Name	Sex	Birth Date	Social Security	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER INSURANCE INFORMATION

Will you, or any dependents have other medical coverage (incl. Medicare) in addition to this plan?

3 CERTIFICATION & ACKNOWLEDGEMENTS

I hereby apply for coverage to which I may be entitled or to which i may become entitled under the terms of agreements, including binding arbitration provisions, in the policies issues by EMI Health. I accept the terms of group agreement between my employer and the plan and appoint my employer to act as agent on my behalf. I authorize the deduction from my earnings of any contribution I am required to make towards the cost of this coverage. The proposed coverage shall not take effect until this application has been accepted by the other underwriting companies, as applicable, and shall become effective only in accordance with the provisions of such agreements or group policies. I understand that I am not entitled to change my coverage elections during the plan year, unless I experience a special enrollment situation (i.e., marriage, divorce, birth, death, adoption, placement for adoption, or loss of other insurance coverage). I also understand that if I experience a qualifying event, I may elect to terminate coverage for myself and/or dependents by providing written notice to my employer within 31 days of the qualifying event. I authorize EMI Health to share PHI concerning me and my family, including adult dependents, with any health care provider or HSA/HRA administrator providing benefits. I understand that any person who includes any false or misleading information on an application for an insurance policy may be subject to criminal and civil penalties.

Employee SignatureDate

4 EMPLOYER SIGN-OFF

Approved By	<input type="text"/>	I have reviewed the information provided above to confirm accuracy and eligibility. This form is approved for processing.
Approved On	<input type="text"/>	

AMERICAN LEGACY STUCCO & STONE

HEALTH PLAN WAIVER



1

ACTIVE EMPLOYEE INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>		
Cell Phone	<input type="text"/>	Email	<input type="text"/>		
Address	<input type="text"/>	City, State	<input type="text"/>	Zip	<input type="text"/>
Position	<input type="text"/>	Hire Date	<input type="text"/>	Eligible	<input type="text"/>
Social Sec	<input type="text"/>	Birth Date	<input type="text"/>	Sex	<input type="text"/>

2

WAIVER OF OFFERED HEALTH INSURANCE PLANS

I choose not to participate in the following group benefits that have been offered and waive such coverage(s).

☐

 Medical

3

CERTIFICATION & ACKNOWLEDGEMENTS

I understand that I may later apply for these benefits if I experience a special enrollment situation (i.e., marriage, divorce, birth, death, adoption, placement for adoption, or loss of other insurance coverage), or during my employers next open enrollment period.

<input type="text"/>	<input type="text"/>
Employee Signature	Date

4

EMPLOYER SIGN-OFF

Approved By	<input type="text"/>	<input type="text"/>	I have reviewed the information provided above to confirm accuracy. This form is approved for processing.
Approved On	<input type="text"/>		

INJURY/INCIDENT REPORT



All work-related accidents, injuries, and illnesses - regardless of severity - must be reported to a manager immediately. A written report must be submitted prior to the end of the shift in which the accident, injury, or illness occurred.

1 EMPLOYEE INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Cell Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	City, State	<input type="text"/> Zip <input type="text"/>
Position	<input type="text"/>	Hire Date	<input type="text"/>
Social Sec	<input type="text"/>	Birth Date	<input type="text"/> Sex <input type="text"/>

2 INJURY INFORMATION

Date of injury	<input type="text"/>	at	<input type="text"/>	Is the injury clearly work-related?	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
Type of Injury	<input type="text"/>	Affected Body Part(s)	<input type="text"/>			
Location/Worksite of Injury	<input type="text"/>					
Client-Owned Worksite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reported to Site Manager	<input type="text"/>	on	<input type="text"/>
Safety Procedures Followed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Safety Equipment Used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How did this happen?	<input type="checkbox"/> Unsure <input type="text"/>					
First-Aid Provided by	<input type="checkbox"/> N/A	<input type="text"/>				
Medical Treatment Provided by	<input type="checkbox"/> N/A	<input type="text"/>				
Names & Contact of Witnesses	<input type="checkbox"/> N/A	<input type="text"/>				
Suggestion(s) for Prevention	<input type="checkbox"/> N/A	<input type="text"/>				

3 CERTIFICATION & ACKNOWLEDGEMENTS

I certify that the above information is true and accurate to the best of my knowledge. American Legacy Stucco & Stone strictly prohibits retaliation against any employee who, in good faith, raises a concern, reports an accident, injury, safety issue, policy violation, or suspected unlawful conduct, or participates in an investigation.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager	Date	Employee	Date

4 CLAIM PROCESSING & REPORTING

Days Away	<input type="checkbox"/> N/A	<input type="text"/>	WC Claim	<input type="checkbox"/> N/A	<input type="text"/>
Modified Duty	<input type="checkbox"/> N/A	<input type="text"/>	Received By	<input type="text"/>	<input type="text"/>
OHS 300 Log	<input type="checkbox"/> N/A	<input type="text"/>	Received On	<input type="text"/>	<input type="text"/>

PERFORMANCE IMPROVEMENT



This performance improvement outlines specific areas where performance must improve. The purpose of this plan is to provide structure, clarity, and support so expectations are fully understood. This form also serves to document corrective action imposed, such as safety fines, suspensions - with or without pay, and, when necessary, termination of employment.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Issued By	<input type="text"/>	Issued On	<input type="text"/>
Issued In	<input type="text"/>	Witness(es)	<input type="text"/>
Severity	<input type="text"/>	Frequency	<input type="text"/>

Nature of Improvement Required

1 DETAILS OF INCIDENT(S)

2 IMPROVEMENT(S) REQUIRED

This notice has been presented to the employee in person and/or by email. They have been made aware that further disciplinary action, up to and including termination of employment, may result if a similar incident(s) occurs in the future.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued By	Date	Witnessed By	Date

3 EMPLOYEE ACKNOWLEDGEMENT

I have received a copy of this notice and fully understand it. I am aware that acknowledgement, with or without a written response, or a request for dispute resolution, must be submitted within two (2) federal business days and prior to returning to work. Failure to do so may result in termination regardless of the specific incident(s) above.

<input type="text"/>	<input type="text"/>
Employee Receipt	Date

EMPLOYEE COMPLAINT



No adverse employment action will be taken against you for your complete and truthful assistance in this matter.

To ensure our ability to properly investigate and assist in resolving this complaint, please:

- Complete the form in its entirety, using as many specific details as possible;
- Do not leave any field unanswered, mark it not applicable or unknown where appropriate;
- Use additional pages if necessary to fully explain your concern; and,
- Attach whatever supporting documents you feel are relevant or appropriate for consideration.

1 COMPLAINT DETAILS

Individual(s) or matter(s) this complaint is about

Date(s) and time(s) the incident(s) occurred

Location(s) where the incident(s) occurred

List the names and contact information of anyone who may have witnessed the incident(s)

Please use the space below to describe the incident(s); attach additional documentation/evidence as needed.

--

2 VERIFICATION & ACKNOWLEDGEMENT

By signing below, I certify that the information I have provided in this complaint report is truthful and complete to the best of my knowledge. I understand that knowingly making false or malicious statements may result in disciplinary action, up to and including termination of employment, in accordance with company policy and applicable law.

I further acknowledge that this is a sensitive and confidential matter. To protect the integrity of the investigation and the rights of all parties, I agree to refrain from discussing the complaint or related events with others in the workplace, except as reasonably necessary with Human Resources, management, investigators, or as permitted by law. I understand that I may also seek advice or support from my immediate family, licensed counselors, or my own legal representative.

I understand that failure to respect this confidentiality, or engaging in conduct that compromises the investigation process, may result in disciplinary action, up to and including termination of employment, consistent with applicable law.

Cell Phone

Email

Employee Verification

Date

3 CERTIFICATION OF RECEIPT

Received By

Received On

Every effort will be made to resolve the matter promptly. While timeframes may vary depending on the seriousness of the issue and the nature of any investigation, **you will be updated in writing within five (5) federal business days.**

AMERICAN LEGACY STUCCO & STONE

EXIT EVALUATION



The following information is essential to process an employee's separation and must be completed on their final day of work. Please provide the separation details, note the reason for departure, and indicate whether the individual is eligible for rehiring.

First Name

Last Name

1 SEPARATION DETAILS

Position

Last Day Worked

NATURE OF SEPARATION

Involuntary

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Behavioral | <input type="checkbox"/> Lack of Work (60-Days) |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Policy Violation | |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Misconduct | |

Voluntary

- | |
|---|
| <input type="checkbox"/> Resigned |
| <input type="checkbox"/> Retired |
| <input type="checkbox"/> Mutual Agreement |

Reason(s) given for resignation

Company equipment collected

2 EXIT EVALUATION

Please rate the employee's performance on the following scale:

1 – Unsatisfactory 2 - Needs Improvement 3 - Acceptable 4 – Advanced 5 – Influences Others
N/A – They have not been here long enough to determine

<input type="checkbox"/> General Performance	<input type="checkbox"/> Attitude/Effort	<input type="checkbox"/> Skill/Quality	<input type="checkbox"/> Attendance/Reliability
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Would you recommend this employee for re-hire in the future?

☐ Yes ☐ No ☐ Unsure

Additional Comments

Manager

Date

3 OFFBOARDING CHECKLIST

Verified Equipment Return

N/A

Received By

On

Cancelled Insurance

N/A

Notes

Post-Employment Notice

Final Pay Issued

Inactivated in QuickBooks

Inactivated in Dynafire

Human Resources

Date

POST-EMPLOYMENT NOTICE



The following information is provided in reference to your separation from employment.

1 PERSONAL INFORMATION

	Last Day Worked	
First Name		Last Name
Address		

2 FINAL EMPLOYMENT DETAILS

FINAL PAY CHECK

In accordance with Arizona wage payment laws, unless otherwise agreed upon in writing, your final paycheck will be issued on Friday, .

INSURANCE CONTINUATION

If applicable, additional information regarding the option to continue health coverage under COBRA will be sent to your home address. This information will be sent within thirty days of separation. Alternative health coverage options may also be available at www.healthcare.gov.

Individual Allstate insurances plans purchased through Intuit Workforce may be portable. Allstate will notify you directly to explain your options for direct billing where possible.

RETIREMENT DETAILS

If eligible, additional information about your retirement plan will be sent to your home address within 30 days of separation. For questions, please contact HR@american-stucco.com.

FUTURE NOTIFICATIONS

Please ensure your email and physical mailing address remains current for at least one year after separation so you can receive important tax and benefit information.

3 UNEMPLOYMENT INSURANCE

You may be eligible for Unemployment Insurance (UI) benefits through the Arizona Department of Economic Security. To apply, visit www.azui.com or call (877) 600-2722.

To file an unemployment claim, you will need your Social Security number and the following:

- Employer Name: American Legacy Stucco and Stone
- Employer Address: 12455 N 92nd Dr #102, Peoria, AZ 85381
- Last Day Worked:
- Nature of Separation:

If you have any questions, please contact us at HR@american-stucco.com or (602) 799-0513.