



APPLICATION FOR EMPLOYMENT

Applicant Information

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and or interview process should notify a representative of the Human Resources Department.

Date of Application: _____ Position Applying For: _____

Name: _____

Address: _____
Number, Street & Apt. # City State ZIP Code

Telephone Number: _____ Mobile/Other Number: _____

Email Address: _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educations Co-Op

Date Available for Work: _____ What is your desired wage? _____

Referral Source (How did you hear about us?) _____

Have you ever been employed here before? If yes, give dates and positions _____ YES NO

List any friends or relatives working for us: _____

Driver's License number if driving may be required in position for which you are applying _____

Are you below the age of 18? YES NO

Are you legally authorized to work in the United States? YES NO

Have you ever pled "guilty" or "no-contest" to, or been convicted of a crime? YES NO

If yes, please explain _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone Number
Street Address	City, State, Zip
Starting Job Title/Final Job Title	Why did you leave?
Immediate Supervisor and Title	May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later
Dates Employed: To: _____ From: _____	Compensation: \$ _____ per <input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Summarize type of work performed and job responsibilities:	
What did you like most about your position?	
What were things you liked least about the position?	

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AN EQUAL OPPORTUNITY EMPLOYER

Skills and Qualifications

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other		

References

List the name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____



CONSENT TO DRUG TEST

I understand that I am subject to a drug and/or alcohol test under Latorre Concrete Construction’s Substance Abuse Policy.

I know that I may refuse to be tested if I wish, but that such refusal will result in my non-hire if I am an applicant, or termination if I am an employee.

I know that if I choose to be tested:

- I will have to provide a urine and/or breath specimen at a facility chosen by Latorre Concrete Construction, Inc. and cooperate in the facility’s standard collection procedures
- My specimen will be analyzed for drugs and/or alcohol by laboratories chosen by Latorre Concrete Construction, Inc.
- My test results will be disclosed to Latorre Concrete Construction, Inc.

I know that if I test positive for illegal drugs or tamper with the test process:

- I will be terminated if currently employed
- I will not be hired if an applicant

I know that if I test positive for alcohol:

- Latorre Concrete Construction may decide to transfer me to a different job, place me on a leave of absence pending completion of treatment, discipline, or discharge me.

I know that if I do not complete my 90-day introductory period:

- Latorre Concrete Construction will deduct \$53.00 from my paycheck to pay for the drug test.

Having considered my options, I freely and voluntarily:

CONSENT TO BE TESTED	REFUSE TO BE TESTED
In accordance with the substance abuse policy	
Print Name	Print Name
Signature	Signature
Date	Date