

Employment Application

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available		Social Security No.					Desired Salary		
Position Applied for									
Construction work requires strenuous physical activity, such as: climbing several flights of stairs or ladders uninterrupted, working at height, repetitive lifting, working 40 to 60 hours per week, and other activities. Are you able to perform these tasks with or without accommodation?								YES <input type="checkbox"/>	NO <input type="checkbox"/>
If hired, can you present documentation of your legal right to work in the United States? <i>We participate in E-Verify. We will provide the Social Security Administration (SSA) and Department of Homeland Security (DHS) with information from your I-9 form to confirm work authorization.</i>								YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company		Phone			Email				
Full Name			Relationship						
Company		Phone			Email				
Full Name			Relationship						
Company		Phone			Email				

PREVIOUS EMPLOYMENT

Company		Phone	May we contact?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address		Supervisor			
Job Title	From	To	Ending Salary \$		
Duties and Responsibilities		Reason for Leaving			

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Job Title	From	To	Ending Salary \$		
Duties and Responsibilities		Reason for Leaving			

DISCLAIMER AND SIGNATURE

I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge. I understand that any falsification, concealment, misrepresentation or omission made on this application form, during interviews, or at any other time during the hiring process will, upon discovery, may be cause to cancel further consideration of this application or for my dismissal, if I am employed, and Kar and Larrabee Mechanical Contractors (the "Company") are not liable if my employment is so denied or terminated. Unless otherwise noted, I authorize the Company to investigate all statements given in this application, including contacting former employers, references, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, and/or job interview.

I further authorize the Company to contact any additional references of their choosing and make any necessary investigations and inquiries of my character, previous employment or matters related to my employment. I further authorize any employer, school, company, or individual to provide the Company with any information they deem appropriate. I release the Company and all providers of information from any liability, claims & and damages that may directly or indirectly result from furnishing and/or receiving this information.

I understand if selected for employment, I am required to successfully pass a drug and alcohol screening upon hire, and I understand and agree I will be subject to the Company's drug and alcohol testing policy during my employment. I understand that any employment offered to me by the Company will not be for any specified or guaranteed period, and that, accordingly, my employment is at-will and terminable by me at any time, with or without cause. I understand and agree that the Company may similarly end my employment or modify my status (for example, change my position, demote me, alter my pay or benefits) at any time, with or without cause or advance notice. I also understand that this at-will agreement will remain in effect throughout the duration of my employment and may only be changed by a written agreement signed by an authorized Officer of the Company.

My signature certifies I have read, understood, and agree with the terms above, and all statements contained in this application for employment.

Signature

Date