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Pre- Application for Call Back

Date

Name

Phone #

Trade

Years of experience

Were you referred by someone? If so, list the name of that person

List a brief description of your experience

We may contact your previous employer (s) for a reference. Provide the information below for past employment.

Company

Contact #

Contact Person

## Equal Opportunity Employer

Check box after reading:

I certify that the answers given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsification of statements, answers or omissions made by me in this application.

I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, or during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job related.

I understand that a background check may be conducted during the employment process and that if employed, a background check may be conducted periodically as deemed necessary by the employer.

I understand that a credit check may be conducted during the employment process and that if employed, a credit check may be conducted periodically as deemed necessary by the employer.

I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties as well as any time throughout my employment according to company policy. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

I realize that operating conditions may require me to work shifts or work hours scheduled other than the one for which I am applying, and I agree to such scheduling change as directed by my supervisor or the management.

I understand that if hired, employment is not for a specified or definite term and that I may resign, or I may be discharged at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

Signature

Printed Name

Email completed form to Human Resources: [jrisinger@laconstructiongroup.com](mailto:jrisinger@laconstructiongroup.com)