

Application for Employment

	Date of Application:
We consider applicants for all positions without	regard to race, color, religion, creed, gender,

		teran status, or any other (Please Print)	
Position Applied For			,
	Last Name	First Name	Middle Name
NAME			
	Street	City	State Zip
Address			
	(Area Code)Home	(Area Code)Cell	(Area Code)Page
Phone			
	De al lin	me to contact you at home is	am/pm
Date of Birth (Volun		Social Security Number (Voluntary	()
Date of Biltir (volun	itery)	Accountage	
te available for work: _			
ou are under 18 years n you travel if a job red you have a valid drive	of age, can you provide requiquires it? ☐ Yes ☐ No	ired proof of your ability to work?	⊒Yes □ No
ease list any traffic viol	ations received within the last	t five years.	
E -J	polication with us before?	☐ Yes ☐ No If yes, give date	
T		Yes No If yes, give date	
o any of your friends, o	or relatives, other than spouse	e, work here? Yes No	
Yes, state name, relati	ionship and location		
o you have a criminal r yes, please explain.	record? Pes No		

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. 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? □ No A review of the activities involved in such a job or occupation have been given. □ Yes **EDUCATION** Course of Study Diploma/Degree Name/Address of School No. of Yrs Completed **High School** □ Yes □ No □ GED □ No ☐ Yes College □ Yes □ No Professional □ No ☐ Yes Other(Specify) WORK EXPERIENCE Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender. **Date Employed Work Performed** Employer Name Address, City, State, Zip To From (Area code) Telephone Number Hourly Rate/Salary Starting/Present Job Title Starting Endina Supervisor May we contact? Reason for Leaving ☐ Yes □ No **Work Performed Date Employed** Employer Name Address, City, State, Zip (Area code) Telephone Number Hourly Rate/Salary Starting/Present Job Title **Ending** Starting Supervisor May we contact? Reason for Leaving □ Yes □ No PERSONAL/PROFESSIONAL REFERENCES Provide three references including, names, contact numbers, relationship to you (e.g., supervisor) (Area Code)Phone Number Relationship to you Name 1. 2. 3.

MEMERGENCY CONTACT(S)

(In the case of an emergency we would contact #1 first, if no answer #2, if no answer #3)

(Area Code)Phone Number(s)	Relationship to you
	(Area Code)Phone Number(s)

ADDITIONAL INFORMATION

Is there any additional information that you wish to add that may be helpful to us in considering your application?

DECLARATION

To de	the best of my knowledge, I believe that the liberately false, misleading or incomplete states.	ne above statements are true and correct. I understand that any tatements may lead to my dismissal, if employed.
•	I, conduct the relevant reference checks at relevant parties. I understand that this w current employment situation.	give L2 Construction Services, LLC permission to ad obtain the required information from past employers and or other ill be done in an ethical and legal manner and will not compromise my
Siç	gned	Date

Important note: L2 Construction Services, LLC is an EEO employer (Equal Employment Opportunity) and does not discriminate against any current or future employee. If you feel that at any stage this company or a representative of this company has discriminated against you, we encourage you to seek the appropriate legal advice.