

**LEFF CONSTRUCTION DESIGN BUILD
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION:

Date: _____

Name: _____
Last
First
Middle

Email Address: _____ Phone Number: _____

Referred By: 1.) _____ 2.) _____

All Names Used In The Past:

Last
First
Middle

Present Address: _____
Street
City
State
Zip

Permanent Address: _____
Street
City
State
Zip

Residence Addresses During the Past Ten Years:

Street
City
State
Zip
Dates

Street
City
State
Zip
Dates

Street
City
State
Zip
Dates

State Name of Any Relatives Working For Leff Construction Design Build.:

EMPLOYMENT DESIRED:

Position: _____ Date You Can Start: _____

Are You Employed Now? _____

If So, May We Contact Your Present Employer? _____

Have You Ever Worked for this Company? _____ If So, When? _____

Have You Ever Applied to this Company? _____ If So, When? _____

Are you available to work:

Full-time
On-call

Part-time
Weekend

Shift-work
Overtime

Temporary

EDUCATION AND SKILLS:

	High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills or extra-curricular activities that are relevant to the job for which you are applying												
Describe any honors, scholarships, appointments or awards you have received												
State any additional information you feel may be helpful to us in considering your application												

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

List any professional or vocational certificates, awards, licenses, or registrations that you currently hold or have held in the past (You may exclude information that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status or personal information):

List any job-related professional or technical organizations to which you belong:

U.S. Military service? Yes No

List any job-related skills that you learned while in the U.S. Military:

If you are applying for a position which requires driving:

Driver's License Information:

Do you have automobile insurance as required by state law? Yes No

State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions (respond fully if driving is required by the job for which you are applying):

GENERAL INFORMATION:

What do you expect to be doing in five years?	What would your last manager/supervisor say about your job performance?
What has been your favorite/most interesting job?	What made it enjoyable/interesting?
What job did you dislike most?	Why did you dislike it?

Have you entered into any agreements with any former employer (for example, an agreement not to compete or confidentiality agreement) that may impact your ability to work for the Company?

Yes No

Are you over 18 years of age? Yes No

Have you ever initiated an act of violence in the workplace? Yes No

Have you used illegal drugs within the past three (3) weeks? Yes No

If yes, which illegal drugs did you use and When? _____

Are you able to perform the duties of the position for which you are applying, including regular attendance?

Yes No

FORMER EMPLOYERS:

Please list all of your former employers for the last ten years. Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer:		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving?				
2. Employer:		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving?				
3. Employer:		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving?				

What hourly wage or salary expectations should you be offered employment?

Hourly rate: _____

Salary: _____

Did you receive written performance evaluations from any of your prior employers?

Yes No

If so, please list the employers that did such evaluations, describe the frequency of such evaluations and check the appropriate box indicating whether you signed such evaluations:

Yes No

Employer	Frequency of evaluations (e.g., annual, bi-annual, etc.)	Signed?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been discharged or asked to resign from a position or a job? No Yes

Explain reasons:

Explain any gaps in your employment history. (Do not provide information about any physical or mental disabilities or other medical information.) _____

REFERENCES:

List three employment references who are not related to you, and have known you for at least one year.

	Name	Address	Telephone Number	Years Acquainted
1.	_____	_____	_____	_____

2. _____
3. _____

In Case of Emergency Notify: _____

Name

Address

Telephone Number

I understand and acknowledge the following:

1. I understand that I am entitled to copies of any public records obtained directly by the Company in connection with my application for employment. Check one:

I waive do not waive my right to receive copies of public records obtained directly by the Company.

2. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

3. I understand that, if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.

4. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.

5. I agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that, except for the President of the Leff Construction Design Build., no supervisor or manager may alter or amend the above conditions. Only the President of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

6. I understand and agree that, if I am offered a position, it will be a conditional offer based on my successful passing of both a drug and alcohol screen and job related medical examination.

7. I understand and agree that as a condition of my employment I may be required to undergo a medical examination.

8. I understand and agree that as a condition of my employment, I may be required to undergo drug testing, and any other testing to the extent permitted by applicable laws.

9. If I am offered employment, I will, as a condition of employment furnish proof that I am over 18 years of age.

10. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.

11. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising from such investigation.

12. I understand that no supervisor or manager may alter or amend the conditions set forth in paragraphs one (1) through twelve (12) above. I understand that the foregoing conditions can only be altered or amended by a written agreement signed by the President of the Leff Construction Design Build.

Date: _____

Signature