

## **Employment Application**

An Equal Opportunity Employer

## **Please Print**

| Date Last Name   | First Name                              |       | MI       |     |
|--|---|-------|----------|-----|
| Present Address  |   |       |          |     |
| Street Address   | City                                    | State | Zip Code |     |
| Permanent Address (if different from present address                   | s)                                      |       |          |     |
| Street Address   | City                                    | State | Zip Code |     |
| Cell Phone   | Home Phone                              |       |          |     |
| <b>Employment Desired</b>  |   |       |          |     |
| Position applying for:   |   |       |          |     |
| What days and hours are you available to work?                         |   |       |          |     |
| Are you available to work weekends?                                    |   |       | □Yes     | □No |
| Would you be available to work overtime if necessary?                  |   |       |          |     |
| If hired, what date can you start work?                                |   |       |          |     |
| Pay desired:   |   |       |          |     |
| Personal Information   |   |       |          |     |
| How did you hear about our company and this job o                      | nening?                                 |       |          |     |
| Have you ever applied to work or worked for LASAR                      |   |       |          | □No |
| If yes, when?  |   |       |          |     |
| Why are you applying for work at LASAR Undergroup                      | und Construction?                       |       |          |     |
| If hired, would you have reliable means of transporta                  |   |       |          | □No |
| Are you at least 18 years old? (If under 18, hire is sub               |   |       |          | □No |
| Are you able to perform the essential functions of the accommodations? | , |       |          | □No |
| (Note: We comply with ADA and consider reasonable accommod             |   |       |          |     |

(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

| Answer the following questions of you are applying for a pr  |                     |                                 |                |  |  |
|--|---------------------|---------------------------------|----------------|--|--|
| Are you licensed/ certified for the job applied for?   |                     |                                 |                |  |  |
| Name of license/ certification:  |                     | ıing state:                     |                |  |  |
| License/ certification number:   |                     |                                 |                |  |  |
| Have you had your drivers license for three years or more?   |                     | □Yes □No                        |                |  |  |
| Employment History List below all present and past employment starting with your complete this section even if attaching a resume. | most recent employe | er (last five years is sufficio | ent). You must |  |  |
| Name of Employer   |                     | Phone Number                    |                |  |  |
| Type of Business   |                     | Supervisor Name                 |                |  |  |
| Address & Street   | City                | State                           | Zip            |  |  |
| Dates of Employment:   |                     |                                 |                |  |  |
| From To  |                     |                                 |                |  |  |
| Your Position and Duties   |                     |                                 |                |  |  |
| Reason for Leaving   |                     |                                 |                |  |  |
| Is this your current employer?   | May we con          | May we contact this employer?   |                |  |  |
|  |                     |                                 |                |  |  |
| Name of Employer   |                     | Phone Number                    |                |  |  |
| Type of Business   |                     | Supervisor Name                 |                |  |  |
| Address & Street   | City                | State                           | Zip            |  |  |
| Dates of Employment:   |                     |                                 |                |  |  |
| From To  |                     |                                 |                |  |  |
| Your Position and Duties   |                     |                                 |                |  |  |
| Reason for Leaving   |                     |                                 |                |  |  |
| Is this your current employer?   | May we con          | ntact this employer?            |                |  |  |

## **Employment History, continued**

| Jame of Employer   |                               | <del></del>               | Phone Number                        |          |
|--|-------------------------------|---------------------------|-------------------------------------|----------|
|  |                               |                           |                                     |          |
| ype of Business  |                               |                           | Supervisor Name                     |          |
| ddress & Street  |                               | City                      | State                               | Zip      |
| Pates of Employment:                                       | To                            |                           |                                     |          |
| From   | То                            |                           |                                     |          |
| our Position and Duties                                    |                               |                           |                                     |          |
| ason for Leaving   |                               |                           |                                     |          |
| this your current employer?                                |                               | May we conta              | ct this employer?                   |          |
| eferences  |                               |                           |                                     |          |
| ist below three persons not rel                            | lated to you who have knowled | lge of your work perforn  | nance within the last thr           | ee years |
|  |                               |                           |                                     |          |
|  |                               |                           |                                     |          |
|  |                               |                           |                                     |          |
| First Name   | Last Name                     |                           | Phone Number                        |          |
| irst Name  | Last Name                     |                           | Phone Number                        |          |
| irst Name  | Last Name                     | City                      | Phone Number  State                 | Zip      |
| irst Name<br>Address & Street                              | Last Name                     | City  Number of Years Acq | State                               | Zip      |
| virst Name<br>Address & Street                             | Last Name                     | ·                         | State                               | Zip      |
| Address & Street  Occupation                               | Last Name  Last Name          | ·                         | State                               | Zip      |
| Address & Street  Occupation  First Name                   | Last Name                     | ·                         | State                               | Zip      |
| Address & Street  Occupation  First Name                   | Last Name                     | Number of Years Acq       | uainted Phone Number  State         |          |
| Address & Street  Occupation  First Name  Address & Street | Last Name                     | Number of Years Acq       | uainted Phone Number  State         |          |
| Address & Street  Occupation  First Name  Address & Street | Last Name                     | Number of Years Acq       | uainted Phone Number  State         |          |
| Address & Street  Occupation  First Name  Address & Street | Last Name  Last Name          | Number of Years Acq       | State  Uainted  Phone Number  State |          |

| Initials | I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, haver personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for the immediate discharge if I am employed, regardless of the time elapsed before discovery.   |
|----------|--|
| Initials | I hereby authorize LASAR Underground Construction, Inc. to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to the company and and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with San Francisco's Fair Chance Ordinance. |
| Initials | I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at anytime, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.  |
| Initials | In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.   |
|          | Date Applicant Signature   |