

Employment Application

An Equal Opportunity Employer

Please Print

Date	Last Name		First Name		MI			
Present Addre	ss							
Street Address			City		State	Zip Code		
Permanent Ad	ldress (if different from present	address)						
Street Address			City		State	Zip Code		
Cell Phone		Home Phone						
Employment	Desired							
Position apply	ing for:							
What days and	d hours are you available to wor	·k?						
Are you availa	ble to work weekends?						lYes	□No
Would you be	available to work overtime if no	ecessary?					lYes	□No
•	date can you start work?	•						
					_			
Personal Info	rmation							
How did you l	hear about our company and the	is iob opening?						
•	applied to work or worked for	, ,					∃Yes	□No
If yes	s, when?							
Why are you a	applying for work at LASAR Un	derground Constr	uction?					
If hired, would	d you have reliable means of tra	nsportation to and	from work?				□Yes	□No
Are vou at leas	st 18 years old? (If under 18, hir	e is subject to verif	ication that v	ou are of mini	num legal	age.)	□Yes	□No
Are you able t	o perform the essential function	ns of the job for wh	ich you are ap	plying, either	with or wi	thout reasonabl	e	□No
` .	y with ADA and consider reasonable ac nay be subject to passing a medical exan		,	cessary for eligible	applicants/ e	mployees to perfori	n essenti	al

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 applyi	ng for a pro	fessional position:		
Are you licensed/ certified for the job applied for?				□Yes □No
Name of license/ certification:	Issu	ing 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 complete this section even if attaching a resume.	with your m	nost recent employer	· (last five years is sufficien	nt). You must
Name of Employer			Phone Number	
Type of Business			Supervisor Name	
Address & Street		City	State	Zip
Dates of Employment: From	То			
Your Position and Duties				
Reason for Leaving				
Is this your current employer?		May we con	tact this employer?	
Name of Employer			Phone Number	
Type of Business			Supervisor Name	
Address & Street		City	State	Zip
Dates of Employment:	То			
Your Position and Duties				
Reason for Leaving				
Is this your current employer?		May we con	tact this employer?	

Employment History, continued

Name of Employer			Phone Number		
Гуре of Business			Supervisor Name		
type of dustness			Supervisor Name		
Address & Street		City	State	Zip	
Dates of Employment:					
From	То				
Your Position and Duties					
Reason for Leaving					
s this your current employer?		May we contact this employer?			
First Name	Last Name		Phone Number		
Address & Street		City	State	Zip	
Occupation		Number of Years Acc	quainted		
First Name	Last Name		Phone Number		
Address & Street		City	State	Zip	
Occupation		Number of Years Acc	quainted		
First Name	Last Name		Phone Number		
Address & Street		City	State	Zip	
Occupation		Number of Vears Acc	unainted		

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, have 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 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