

EMPLOYMENT APPLICATION

Thank you for considering employment with Leff Construction. This application is part of a total evaluation process and is not a guarantee of employment. Please answer all questions completely and accurately and print with black or blue ink. All statements are subject to verification.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone ()
City	State	Zip	Business Phone ()
Have you ever been involuntarily terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why?	If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If hired, would you have reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name(s):	Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and relationship:		
Have you ever applied to, or worked for Leff Construction or an affiliate before? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, list your last date of employment and last job title:	Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe functions that cannot be performed: Are you able to lift up to _____ pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No (Leff Construction complies with ADA and considers reasonable accommodation that may be required to perform essential functions)		
Emergency Contact Name:	Phone ()		

II. EMPLOYMENT INTERESTS

Position Applying for	Date Available	Hourly Rate Desired	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired <input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time	Days and hours available for work		
How were you referred to Leff Construction Ad (where) _____ Employee Referral (Name) _____ Agency (Name) _____ Other (Please specify) _____ Walk-in			

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Number of years completed	Did you graduate?	Degree or Diploma
High School				<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University				<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate				<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade School				<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Foreign Languages (indicate proficiency to speak, read and write)
List applicable procedures and/or equipment you can operate that are related to the position.
Do you have any experience, training, qualifications or skills that you think make you especially suited for work at Leff Construction? (Explain)

V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

1	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name and Phone Number				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N	
2	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name and Phone Number				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N	
3	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name and Phone Number				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N	
4	Company Name		Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name and Phone Number				May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N	

VI. ACKNOWLEDGMENT - Please read carefully, initial each paragraph, and sign below

Initial	I authorize Leff Construction and its agents to investigate background information that may be useful in making a hiring decision. This may include checking references, a criminal background check, an Internet search on personal records and obtaining a motor vehicle report on my driving record. I understand that in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and background.
Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Leff Construction with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision.
Initial	I understand that nothing contained in this application or in the interview process is intended to create a contract between Leff Construction and myself for either employment or for the providing of any benefits. I agree that my employment, if hired, is at-will, meaning the terms of employment may be changed with or without cause, with or without notice by either party.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination that will include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that endangers my own safety or the safety and health of others. I authorize all providers of health care who examine me to disclose to Leff Construction or its agents, all medical information revealed during such examinations.
Initial	I understand that all offers of employment are conditioned upon my providing proof of my identity and legal right to work in the United States and upon my passing a pre-employment physical.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered later.
Applicant Signature:	
Date:	

Leff Construction is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age, disability or veteran's status or any other characteristic protected by law. We assure you that your opportunity for employment with this Company depends solely on your qualifications. **Thank you for completing this application form, and for your interest in Leff Construction.**