



P: (407) 645-4447

F: (407) 645-4462

## 499 Montgomery Place

www.hgrconstruction.com

## Altamonte Spr

General Contractors | Construction Managers

## Employment Application

## Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ *Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma:: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Former Employers

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### Disclaimer and Signature

*In consideration of my employment, I agree to conform to the rules and regulations of HGR Construction, Inc. ("the Company"), and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or me. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the Company. I understand that no representative of the Company, other than the Company's President has any authority to enter into any contract or agreement contrary to the foregoing.*

*I certify that I have read and understand the foregoing paragraph. I further certify that all the information submitted by me on this application is true and complete, and I understand that any false information, omission, or misrepresentation of fact called for in this application may be caused for the denial of my application or, if I am employed, discharged at any time.*

*I understand that, as part of this employment, tests may be performed to detect the presence, if any, of drugs and/or alcohol in my system. I understand that a "positive" result will lead to discipline up to and including discharge. I also agree if I am involved in an accident during work hours, I will submit to a drug/alcohol test as selected by the Company. I understand that positive results of this test can affect my eligibility for workers' compensation benefits.*

*I specifically authorize any physician, medical practitioner or healthcare facility to release the results of any drug/alcohol test to the Company or its legal representative.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CLIENT FILL IN BLANKS BELOW

Current Worker's Comp Code: \_\_\_\_\_ Dept. No. (If Applicable): \_\_\_\_\_

**JOB DESCRIPTION**

Pay Rate: \$ \_\_\_\_\_

**Pay Type**

**Pay Frequency**

- Hourly
- Salary
- Commission
- Monthly

- Weekly
- Bi-Weekly
- Semi-Monthly

**Permanent Deductions On File**

**AMOUNT:**

\$

**DESCRIPTION:**

\$ \_\_\_\_\_