

Employment Application

Personal Information

Full Name: _____ Date: _____
Last First M.I.

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

- ☐ Hourly
☐ Salary
☐ Commission
☐ Monthly

Pay Frequency

- ☐ Weekly
☐ Bi-Weekly
☐ Semi-Monthly

Permanent Deductions On File

AMOUNT:

\$ _____

\$ _____

DESCRIPTION:
