



## Employment Application

### SECTION A

THIS APPLICATION IS VALID FOR  
SIXTY (60) DAYS FROM  
APPLICATION DATE

**Position Applied For:** List only one (1)

**Application date:**

*This application is for employment in construction, or a related activity. Where conditions may regularly require physical activity, lifting, climbing, working off the ground, or exposure to variable climatic condition, only information asked on this application will be considered.*

Name:	Last	First	MI	Social Security #
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Address:	Number	Street	City	State	ZIP
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Phone Numbers: Primary	Alternate/Message	Are you at least 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>EMERGENCY CONTACT NAME</b>	Primary Contact Telephone
	Alternate Contact Telephone

<b>EMERGENCY CONTACT NAME</b>	Primary Contact Telephone:
	Alternate Contact Telephone:

Have you ever been convicted of a felony?  No  Yes If yes, explain (A conviction will not necessarily disqualify applicant from employment.)

### SECTION B

**RELEASE OF INFORMATION:** I authorize 4XCONSTRUCTION GROUP to contact any and all former employers and/or references to verify the information that I have provided on this application. I release 4XCONSTRUCTION GROUP, any related companies and any party providing reference information to 4XCONSTRUCTION GROUP from any and all liabilities or claims arising from the verification process. I authorized 4XCONSTRUCTION GROUP and/or its agents to make an independent investigation of my background and references, character, past employment, credit, education and medical and/or workers compensation claims including those maintained by both public and private retail security organizations and all public records.

**CHEMICAL SCREENING:** 4XCONSTRUCTION GROUP maintains the working environment is safer and more productive without the presence of controlled substances or alcohol. 4XCONSTRUCTION GROUP considers chemical screening (urinalysis) to be part of the overall program to prevent controlled substances from entering our workplaces. As a part of our policy, all applicants for employment are required to submit to a urinalysis screening test after the decision is made to hire. If you refuse the test or the test confirms a positive result, your application will be denied or your employment will be terminated.

**ACKNOWLEDGMENT:**

The Immigration Reform and Control Act of 1986 required 4XCONSTRUCTION GROUP to verify the identity and the right to work in the United States of each new employee. Accordingly, any offer of employment will be contingent upon your providing the appropriate documentation at the time of hire.

I certify that the information I have provided in this application is true and correct. I understand that I may not be hired or if hired, my employment will be subject to termination if I have made any omissions or misrepresentations in completing this application. I understand that neither the company's acceptance of my application nor any offered employment to me will constitute a permanent contract of employment. I agree that the terms and conditions of my employment are subject to change without notice and that the employment policies and procedures at the company are not contractual commitments. I also understand that if hired, any job I might have while with 4XCONSTRUCTION GROUP is considered at will employment, meaning that the employer or employee may terminate employment with or without notice or cause.

Applicant's Signature X \_\_\_\_\_ Date X \_\_\_\_\_



## Employment Application

### SECTION C

#### EMPLOYMENT RECORD

EMPLOYMENT RECORD				
Dates	Employer's Name/Address	Your Position	Wage Rate/Hour	Reason For Leaving
From <small>Month/Year</small>	Name	Position	\$	
To <small>Month/Year</small>	City <span style="float: right;">State</span>	Supervisor's Name	Employer's Phone #	
From <small>Month/Year</small>	Name	Position	\$	
To <small>Month/year</small>	City <span style="float: right;">State</span>	Supervisor Name	Employer's Phone #	
From <small>Month/Year</small>	Name	Position	\$	
To <small>Month/Year</small>	City <span style="float: right;">State</span>	Supervisor Name	Employer's Phone #	

### SECTION D

#### EDUCATION

EDUCATION					
SCHOOL	NAME AND ADDRESS	FROM	TO	GRADUATED (Y/N)	DEGREE FIELD
HIGH SCHOOL					
COLLEGE					
GRADUATE					
OTHER					

### SECTION E

#### REFERENCES

NAME	COMPANY	TELEPHONE NUMBER