



Date:

Employment Application

Please type or print all answers in ink. This application must be completed in full, even if attaching a resume.

| APPLICANT INFORMATION | | | | | | | | | | |
|---|------------------------------|-----------------------------|---|---------------------|--|--|---|------------------------------|-----------------------------|--|
| Last Name | | | | First | | | | M.I. | | |
| Street Address | | | | | | | Apartment/Unit # | | | |
| City | | | | State | | | | ZIP | | |
| Phone | | | | Email | | | | | | |
| Date Available | | | | Social Security No. | | | | Desired Salary | | |
| Position Applied for | | | | | | | | | | |
| Related Work Experience and Skills | | | | | | | | | | |
| Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify eligibility.) | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Are you over the age of 18 years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, you may be required to provide authorization to work | | | | | | | |
| What days/hours are you available to work? | | | | | | | Are you available to travel, if required? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Do you have a valid drivers license? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | How were you referred to us? | | | | | | | |
| Do you have any relatives that work for the Company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, who? | | | | | | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | |
| EDUCATION | | | | | | | | | | |
| High School | | | | City, State | | | | | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Number of Years Attended | | | | | | | |
| College | | | | City, State | | | | | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Area of Study/Degree | | | | Number of Years Attended | | | |
| Other | | | | City, State | | | | | | |
| Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Area of Study/Degree | | | | Number of Years Attended | | | |
| Describe any other specialized training, military job-related training, apprenticeships, skills, extra-curricular activities: | | | | | | | | | | |
| | | | | | | | | | | |
| What machines or equipment can you operate related to the job you are applying for? | | | | | | | | | | |
| | | | | | | | | | | |

All offers of employment are contingent upon successful completion of a pre-employment drug screen and background check.

| CURRENT EMPLOYMENT (Please note N/A if not employed): | | | | | | | | | |
|---|--|--|--------------------|-----------------|------------|--------------------------|----|--------------------------|----|
| Company | | | | | Phone | () | | | |
| City, State | | | | | Supervisor | | | | |
| Job Title | | | | Starting Salary | \$ | | | Ending Salary | \$ |
| Responsibilities | | | | | | | | | |
| Start Date | | | Reason for Leaving | | | | | | |
| May we contact your employer? | | | | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |
| PREVIOUS EMPLOYMENT (If any employment was under a different name please indicate): | | | | | | | | | |
| Company | | | | | Phone | () | | | |
| City, State | | | | | Supervisor | | | | |
| Job Title | | | | Starting Salary | \$ | | | Ending Salary | \$ |
| Responsibilities | | | | | | | | | |
| From | | | To | | | Reason for Leaving | | | |
| May we contact your previous employer? | | | | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |
| Explain any gaps in employment: | | | | | | | | | |
| Company | | | | | Phone | () | | | |
| City, State | | | | | Supervisor | | | | |
| Job Title | | | | Starting Salary | \$ | | | Ending Salary | \$ |
| Responsibilities | | | | | | | | | |
| From | | | To | | | Reason for Leaving | | | |
| May we contact your previous employer? | | | | | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |
| Explain any gaps in employment: | | | | | | | | | |
| If you have ever been discharged or asked to resign from a job please provide details here: | | | | | | | | | |

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| REFERENCES | | | |
|--|--|--------------|----------|
| <i>Please list three professional references.</i> | | | |
| Full Name | | Relationship | |
| Company | | Phone | () |
| Email | | | |
| Full Name | | Relationship | |
| Company | | Phone | () |
| Email | | | |
| Full Name | | Relationship | |
| Company | | Phone | () |
| Email | | | |
| DISCLAIMER AND CERTIFICATION | | | |
| <p>I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I hereby release Alcon Construction, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required document) constitutes grounds for denial of employment or immediate dismissal from the employment of Alcon Construction, Inc., regardless of when or how discovered.</p> <p>I understand that my driving record may be checked in accordance with state statutes. Permission is hereby granted to any person, firm or corporation, whether my former employer or otherwise, to give Alcon Construction, Inc. full information regarding my former employment, my working ability and/or character. I hereby release all of the above referred to persons, firms or corporations from all liability for any damage whatsoever incurred in furnishing such information. I agree that in the event that I am employed by the company, I will submit to any job-related investigation and understand that my refusal will give the company the right to terminate my employment at any time.</p> <p>I understand that Alcon Construction, Inc. may now have, or may establish, a drug-free workplace or substance (drug and alcohol) testing program consistent with applicable federal, state, and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with the applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the present of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the company's policies and applicable federal, state, and local law.</p> <p>I agree that in the event I am employed, my employment and compensation can be terminated with or without cause at any time, at the option of either the company or myself. No verbal promise or agreement may alter my at-will status.</p> <p>I understand that I am required to abide by all company rules, regulations and safety policies and failure to do so may results in disciplinary action up to and including termination.</p> | | | |
| Signature | | | Date |

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CONSENT TO PROCUREMENT OF CONSUMER REPORT

Optional at time of application – must complete if you accept an offer of employment.

I understand that, as a condition of my consideration for employment with Alcon Construction, Inc., or as a condition of my continued employment with Alcon Construction, Inc., Alcon Construction, Inc. may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Alcon Construction, Inc.'s procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Alcon Construction, Inc. will provide me with a copy of any such report if the information contained in the report is, in any way, to be used in making a decision regarding my fitness for employment with Alcon Construction, Inc. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Date

Printed

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DRIVERS MVR DISCLOSURE FORM

Optional at time of application – must complete if you accept an offer of employment.

Dear Applicant:

Because your position here requires you to drive a company vehicle, Alcon Construction, Inc. (“the Company”) will need to review your Motor Vehicle Record on a regular basis. By signing below, you authorize us to have our insurance agent order a copy of your MVR for review and advice if you qualify for our auto insurance.

This information will remain confidential.

Driver’s Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Driver’s License Number: _____

State of Issuance: _____

Email Address: _____

Signature of Applicant: _____

Date: _____

NOTE: Turn-around time for Colorado MVR’s is 24 hours. Out of State MVR’s may take longer.

Credit Reporting Agency (CRA):

ADR American Driving Records, Inc.
Attn: Consumer Request
2860 Gold Tailing Court
Rancho Cordova, CA 95670
Phone: 800-766-6877 Fax: 916-456-3332

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information contained in that report, and if you wish to dispute, above information is the CRA, name, phone number, address so you may obtain a copy of the report.

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RELEASE AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Signature of Applicant or Employee

Date

Printed

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