

PACE CONSTRUCTION COMPANY LLC
EMPLOYMENT APPLICATION

Attention: If a question does not apply to you, mark that question not applicable (n/a). Failure to answer every question may cause your application to be rejected.

Date _____

Name _____
Last First Middle

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone Number _____

Position Applying For _____ **Date Available** _____

Salary or Hourly Rate Expected _____

Have you previously applied for work with us or have you been employed by us?

() Yes () No

If yes, when _____

Referral Source _____

Are you able to perform the essential functions of the job for which you are applying? _____

() Yes, () Yes, with reasonable accommodations, () No.

If "Yes, with reasonable accommodations," please identify potential accommodations to your limitation(s). _____

This Company considers all qualified applicants without regard to Race, Color, Religion, National Origin, Sex, Age, or Handicap, or any other factor whose consideration is prohibited by application law.

EDUCATIONAL DATA

School	Name	City & State	No. of Yrs Attended	Degree or Grade	Area of Specialty (if any)
Grade					
High					
College or University					
Graduate School					
Trade, Business, or other					
Special Skills (list)					

RECORD OF PREVIOUS EMPLOYMENT

(Detailed explanation may be attached to indicate any special employment experience)

Past Employer Name, Address, Phone No.	Department(s) Worked	Supervisor's Name	Position(s) Held	Employed		Rate of Pay	Reason for Leaving
				To	From		

For applicant's additional comments or information not covered by this form, such as: career, interests, plans, objectives, etc.

- If employed, I agree to abide by all the rules and policies of the Company and will obey the orders and instructions of my supervisor, I will use and wear all safety appliances furnished by the Company and will work in a safe manner observing all Company safety rules, not exposing myself or other workers to unnecessary dangers.
- If employed, I understand that the use, possession or being under the influence of drugs, alcohol or any controlled substances, other than that prescribed by a physician, is strictly prohibited on Company premises and during working time.
- I understand that employment will be on an at will basis and may be terminated at any time by either party with or without notice.
- I authorize this Company to seek information about me from various sources and I agree to hold the Company harmless from any and all claims arising from such requests for information.
- I agree that all former employers or any other persons may furnish this Company and subsidiaries with all information regarding their record of my service, character and reason for leaving. I hereby release such former employers and persons from all liability for providing such information.
- I understand that any false, incomplete, omitted or misleading information on this application may result in the rejection of this application or, if hired, the termination of my employment.
- I understand that any unanswered questions on this application may cause this application to be rejected.

Signature of Applicant _____ Date _____

THIS APPLICATION WILL BE RETAINED IN OUR ACTIVE FILES FOR ONE (1) YEAR ONLY.