

EMPLOYMENT APPLICATION

PLEASE PRINT YOUR ANSWERS LEGIBLY DATE			DATE	//	_		
Name							
	Last	First	Middle	N	1aiden		
Present address	Street	City	01-1-	7 :-			
How long have you live		months If less than 7 yrs: P	State revious City(zip s)/State(s) of resid	ence		
Home Phone () Cell Phone () Other ()							
Email Address:							
Age (only if under 18)							
Position applying for:							
Wages desired \$	/hr (must be filled	out) Negotiable?	□ Yes □ N	lo			
Employment desired ☐ FULL-TIME/PERMANENT ☐ PART-TIME/TEMPORARY ☐ SUBCONTRACTOR							
How many hours can you work weekly? Are nights OK? Are Weekends OK?							
What date can you start? / /							
SCHOOL HISTORY							
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION		NUMBER OF YEARS COMPLETED	MAJOR & DEGREE		
High School							
College							
Bus. or Trade School							
		MISC					
Do you have a valid driver's license? ☐ Yes ☐ No							
What is your means of transportation to work? ☐ Full Size Pickup ☐ Full Size Van ☐ Car ☐ Small Truck/Minivan							
Driver's license number State of issue □ Operator □ Commercial (CDL)				DL)			
Expiration date/	/						
Have you had any accidents during the past three years?				Yes/No?H	ow many?		
Have you had any moving violations during the past three years?				Yes/No?H	ow Many?		
Have you ever been cited for driving under the influence of alcohol or any banned substances? Yes/No?How Many?					ow Many?		
If yes to any of the above	ve, please explain:						

CONSTRUCTION SKILLS

Please answer the following specific questions regarding							
☐ Foreman (# of yrs experienceyrs) (running a job							
Lead Carpenter (# of yrs experienceyrs) (working							
	near feet per day (standard 9' office partitions-by yourself))						
☐ Drywall Finishing (# of yrs expyrs) (avg # of snee	ets per day (9' standups in typical office by yourself))						
☐ Acoustical Ceilings (# of yrs experienceyrs) (avg	u# of sf of grid installed per day (by yourself))						
□ Doors/Hardware (# of yrs experienceyrs)	(a) yourse)						
☐ Trim/Millwork (# of yrs experienceyrs)							
☐ Do you have a valid OSHA 10 or OSHA 30 card? If yes, date issued:							
□ Do you have a valid Construction Health Card?							
☐ Are you able to lift 45lbs regularly and repeatedly?							
, ,							
Please provide a detailed list of all applicable construction	n skills, training, and/or experience you have:						
Please provide a detailed list of some significant jobs you	have worked on:						
Please list the tools (if applicable) that you own and are w	illing to use on the job:						
RE	EFERENCES						
Please list two references other than relatives or previous	employers.						
Name	Name						
Position	Position						
Company	_ Company						
Address	Address						
Telephone ()	Telephone ()						
Other Phone No. () Other Phone No. ()							

Work
Experience
Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. Please fill this section out in addition to your resume.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
City/State:,		From: /	Start: \$
Phone number: (*mandatory)		To: /	Final: \$
Your last job title:			
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	omotions while you wo	rked at this
Name of employer:	Name of last supervisor	Employment dates	Pay or salary
City/State:,		From: /	Start: \$
Phone number: (*mandatory)		To: /	Final: \$
Your last job title:		•	
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	omotions while you wo	rked at this
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City/State:,		From: /	Start: \$
Phone number: (*mandatory)		To: /	Final: \$
Your last job title:	L	1	_ _
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	omotions while you wo	rked at this

May we contact your prese	ent and / or past employers?	☐ Yes	□ No			
Did you complete this appl	lication yourself?	If not, who	o did?			
Military Record:	Active? Yes/No:		Veteran? Yes/No:			
Branch of Service:						
Discharge Date:	Rank:					
AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)						
			nplete to the best of my knowledge and understand that al to hire or termination of my employment.			
with LaRoche Builders LLC LaRoche Builders LLC it v	C creates an actual or implied con will be on an at-will basis. This me	tract of em eans that re	bsequent entry into any type of employment relationship inployment. I understand that if I accept employment with regardless of any provision in this application, if hired, the , for any reason, with or without cause or notice.			
I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid drivers license for the state in which I reside.						
			e Builders LLC. I release LaRoche Builders LLC, and its arising out of or related in any way to such testing.			
and all other aspects of			ng my education, credit history, employment experiences employment. I release LaRoche Builders LLC and its			
Signature of applicant_			Date:			
veteran status, unifo	ormed service member status, race	e, color, rel	ants are considered for positions without regard to eligion, sex, national origin, age, physical or mental ted by applicable federal, state, or local laws.			

Please submit completed application to: info@larochebuilders.com