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|  | **Employment Application** | **Corporate Headquarters:**  **15205 Alton Parkway**  Irvine, CA 92618  949.870.4500 Phone  949.870.4501 Fax  **An Equal Opportunity Employer** |

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| **Please Print Employment Desired** |

Position Applying for: Desired Salary: Date Available:

Have you ever applied to, or worked for, LCS before? Yes ❑ No ❑ If yes, when?

Do you have any friends for relatives working for LCS? Yes ❑ No ❑

If yes, please state name(s) and relationship:

Name Relationship

Name Relationship

Why do you want to work at LCS?

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| **Personal Information** |

Name (Last, First, Middle) Date

Social Security No. Phone

Address City, state, Zip

If hired, would you have a reliable means of transportation to and from work? Yes ❑ No ❑

Are you at least 18 years old (if under 18, hire is subject to verification that you are of minimum legal age)? Yes ❑ No ❑

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ❑ No ❑

Are you able to perform the essential functions of the job for which you are applying, either with or without

reasonable accommodation? Yes ❑ No ❑

If no, please describe the functions that cannot be performed:

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.

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| **Education** |

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| --- | --- | --- | --- | --- |
| **School** | **Name & Location** | **# of Years**  **Completed** | **Did you Graduate?** | **Degree or Diploma** |
| High School | Name    City, State |  | Yes ❑ No ❑ |  |
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| --- | --- | --- | --- | --- |
| Business or Technical School | Name    City, State |  | Yes ❑ No ❑ |  |
| Undergraduate College / University | Name    City, State |  | Yes ❑ No ❑ |  |
| Graduate School | Name    City, State |  | Yes ❑ No ❑ |  |

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| **Employment History** |

List below all present and past employment beginning with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer Telephone Number (Including Area Code)

Address City, State, Zip

Supervisors Name Reason for leaving

Dates of Employment: Salary:

From To Beginning Ending (Hr, Yr, etc.)

Your position and duties

May we contact this employer for a reference? Yes ❑ No ❑

Name of Employer Telephone Number (Including Area Code)

Address City, State, Zip

Supervisors Name Reason for leaving

Dates of Employment: Salary:

From To Beginning Ending (Hr, Yr, etc.)

Your position and duties

May we contact this employer for a reference? Yes ❑ No ❑

Name of Employer Telephone Number (Including Area Code)

Address City, State, Zip

Supervisors Name Reason for leaving

Dates of Employment: Salary:

From To Beginning Ending (Hr, Yr, etc.)

Your position and duties

May we contact this employer for a reference? Yes ❑ No ❑

**NOTE: Attach additional pages if necessary.**

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| **References** |

List below three (3) persons, not related to you, who have knowledge of your work performance within the last three years.

Name Telephone No.

Address City, State, Zip

Occupation No. of Years Acquainted

Name Telephone No.

Address City, State, Zip

Occupation No. of Years Acquainted

Name Telephone No.

Address City, State, Zip

Occupation No. of Years Acquainted

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| **Emergency Contact** |

Please provide LCS with an emergency contact name, phone number and relation to you:

Name Phone Relationship

**Please read carefully, initial each paragraph and sign below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize LCS Constructors, Inc., to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the reference I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company’s designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by the internal personnel employed by the Company I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

Initials

❑ I waive receipt of a copy of any public record described in the paragraph above.

I acknowledge I have a valid and current driver’s license. **Shirt size:** (circle one) **S M L XL 2XL 3 XL**

Initials

Applicant’s Signature Date