



APPLICATION FOR EMPLOYMENT

Metcalfe Construction Services, LLC

An Equal Opportunity Employer

Name: _____ SSN: _____ Date: _____

Home No.: _____ Cell No.: _____ DOB.: _____

Mailing Address: _____
(City) (State) (Zip)

Physical Address: _____
(If Different) (City) (State) (Zip)

Position applying for: Journeyman Electrician Apprentice Electrician Other: _____

Work Experience (most recent first) L&I Electrical License Number: _____ Expires: _____

Employer: _____ Supervisor: _____

City/State: _____ Phone: (____) _____ Rate of Pay: _____

Month and Year Began: _____ Job Duties: _____

Month and Year Left: _____ Reason For Leaving: _____

May We Contact Your Employer If You Are Currently Working? Yes ___ No ___ N/A ___

Employer: _____ Supervisor: _____

City/State: _____ Phone: (____) _____ Rate of Pay: _____

Month and Year Began: _____ Job Duties: _____

Month and Year Left: _____ Reason For Leaving: _____

Employer: _____ Supervisor: _____

City/State: _____ Phone: (____) _____ Rate of Pay: _____

Month and Year Began: _____ Job Duties: _____

Month and Year Left: _____ Reason For Leaving: _____

Employer: _____ Supervisor: _____

City/State: _____ Phone: (____) _____ Rate of Pay: _____

Month and Year Began: _____ Job Duties: _____

Month and Year Left: _____ Reason For Leaving: _____

Have you ever been fired, dismissed, terminated, or had an employment contract terminated for disciplinary or performance reasons: Yes ___ No ___ If yes, please provide details:

I request and authorize any current or past employer and reference to release any and all information and assessment related to my employment, work history, character and conduct. I hold harmless and waive any claims I may have against Metcalf Construction Services, LLC, its agents and employees, for any loss or injury I may sustain as a result of investigating my background. I also hold harmless and waive any and all claims I may have against those who provide information in connection with investigating my background. I understand this includes rejection of my consideration for employment.

Signature: _____ Date: _____ **Page 1 of 2 Will You Be Available To Work Any Overtime That May Be Required, Including Weekends?Yes ___ No ___**
Are You At Least 18 Years of Age?Yes ___ No ___
Have You Ever Been Convicted or Pled To A Felony?Yes ___ No ___

Driver's License No.: _____

Who Referred You? Check Appropriate Box(es)

- Personal Contact (name) _____ Job Placing Agency Unemployment Office
- Reply To Advertisement (name) _____ College Placement Service
- Other: _____

Highest School Grade Completed: (circle one) 6 7 8 9 10 11 12 College: 1 2 3 4

PERSONAL REFERENCES

Name: _____ Relationship: _____ Phone No.: (____) _____
Name: _____ Relationship: _____ Phone No.: (____) _____
Name: _____ Relationship: _____ Phone No.: (____) _____

Please Read and Understand The Following Before Signing:

I authorize Metcalf Construction Services, LLC (MCS) to conduct an investigation of my application. I agree to submit to a pre-employment offer drug test. I understand that the purpose of the test is to detect the presence of alcohol, nonprescription drugs, and drugs considered illegal under the state or federal law.

An offer of employment will be withdrawn from any person whose drug test results show "positive" or "dilute." Any detected attempt to alter or tamper with a specimen will be reported to MCS and will result in permanent disqualify the applicant from being considered for employment.

I understand that it is the policy of MCS to get references from prior employers. I understand that if MCS cannot contact my prior employers or they refuse to provide a reference, I may not be considered for employment.

I understand that an offer of employment can be withdrawn by MCS at any time. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either MCS or myself.

I certify that I have read all of this application and that the information I have provided in this application is correct to the best of my knowledge. I understand that any misleading or falsified information I provide in the application and interview process may result in my application being rejected or if employed by MCS, my employment being terminated. I further understand that falsified information on any company document after I am hired may result in my employment being terminated.

This application will only be considered for 30-days and only when it is fully completed. An incomplete application will not be considered.

Signature: _____ Date: _____