

**Please fill out all
forms and
application with
the correct
spelling of your
name as listed on
your Social
Security Card.
Thank you.**



Austin General Contracting, Inc.
Employment Application-TO BE COMPLETED IN FULL- NO "SEE RESUME" ACCEPTED

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Last four of SS No: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A record of conviction will not necessarily bar the applicant from employment		

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment- TO BE COMPLETED IN FULL- NO "SEE RESUME" ACCEPTED

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Are you a Veteran? Yes No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I also understand, I may be asked to provide additional documentation to verify above stated education, salary, and work history.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **(No E-Signatures accepted)** Date: _____



Austin General Contracting, Inc.

Employment Verification Release

To: _____
(Insert each company's name AGC may contact)

I, _____, request verification of my employment be to given Austin General Contracting. Please release my **title, dates of employment, salary, and reason for leaving** information.

Signature (No E-Signatures accepted)

Date
() _____

Telephone Number

DO NOT WRITE BELOW: TO BE COMPLETED BY PREVIOUS EMPLOYER

Dates: _____ to _____

Title: _____

Salary: _____

Reason for leaving: _____

Rehire: Yes or No

Return to:
Human Resources
6440 S. Polaris Ave
Las Vegas, NV 89118
702-730-0078 Fax 702 914-9814



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AUSTIN GENERAL CONTRACTING, INC

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Austin General Contracting in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

(No E-Signatures accepted)

WITNESS:

Print Name: _____

Signature: _____