



Langlas & Associates, Inc.
APPLICATION FOR EMPLOYMENT

Print clearly and complete all information in full. An incomplete application may delay or disqualify your application process or disqualify you.

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Position Desired: PT FT Seasonal Date Available: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you age 18 or older? Yes No

Can you provide proof of U.S. Citizenship or legal right to work in the United States? Yes No

Have you been convicted of a felony or released from prison for such conviction in the past 7 years? Yes No

If yes, explain: \_\_\_\_\_

(Conviction of a felony is not an automatic bar from employment. All circumstances will be considered.)

Highest grade completed in school? \_\_\_\_\_

Do you have a valid driver's license? Yes No State of Issuance: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ License Type: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has your license ever been suspended or revoked? Yes No

If the answer to either of the above two questions is yes, please explain: \_\_\_\_\_

Jobsite locations can vary. Do you have the ability to report for work each day at the job site? Yes No

Is there any reason you could not work on job sites in cities other than where you are applying? Yes No

Is there any reason(s) known to you why you might be unable to perform consistently and promptly any of the essential job functions: Yes No If yes, please explain: \_\_\_\_\_

Laborers and Carpenters are required to furnish their own hand tools. Which tools do you own? \_\_\_\_\_

What experience do you have operating tools or equipment: \_\_\_\_\_

Do you have any experience performing work similar to the position you are applying for? Yes No

If yes, please describe: \_\_\_\_\_

Do you have any certifications or graduated any classes that pertain to carpentry work or safety? \_\_\_\_\_



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Print clearly and complete all information in full, starting with the most recent job experience, including Military, and work backwards. You may attach a separate sheet if necessary.

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Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position/Duties Performed: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position/Duties Performed: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Position/Duties Performed: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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**CERTIFICATION AND ACKNOWLEDGMENT - APPLICANT READ AND SIGN**

1. I certify that the information contained in this application is complete and correct to the best of my knowledge, and I understand that falsification or incompleteness of this information may result in my not being considered for employment or dismissal if I am employed.
2. I authorize the references and former employers listed on this application to give you any and all information concerning my previous employment they may have, and release all parties from all liability for any damages that may result from furnishing the same to you.
3. I understand as a condition of employment, I will be required to show identification which proves my legal right to work in the United States.
4. If employed, I agree to follow the rules, regulations, and other directives of Langlas & Associates. I understand that Langlas & Associates can change the company rules and job conditions at any time.
5. I understand that if employed, my employment will be probationary for the period of time defined by company policy.
6. I understand that if employed I will have to pass a pre-employment drug screen and physical.
7. I further understand that this is an application for employment and that no employment contract is being offered.

My signature below certifies that I have read and understand the above and that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_