



Langlas & Associates, Inc.

APPLICATION FOR EMPLOYMENT

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

Office Applying at: Billings Bozeman Missoula Other: _____

Position Applying For: _____ Date: _____

Type of Employment 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. Some jobsites will require a felony background check such as schools where certain felony convictions will bar the employee from working at that jobsite.)

Highest grade completed in school? _____ Post graduate degree: _____

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 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) know 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? _____

Applicant Initials: _____

Equal Opportunity Employer

Page: 1

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? _____

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 understand as a condition of employment, I will be required to show identification which proves my legal right to work in the United States.
3. If employed, I agree to follow the rules, regulations, policies, and other directives of Langlas & Associates. I understand that Langlas & Associates can change the company rules and job conditions at any time.
4. I understand that if employed, my employment will be probationary for the period of time defined by company policy.
5. I understand that if employed I will have to pass a pre-employment drug screen and physical.
6. 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: _____



PRIOR WORK EXPERIENCE AND REFERENCES

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

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

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

OTHER REFERENCES

Name: _____ Phone Number: _____
Relationship to Reference: _____

Name: _____ Phone Number: _____
Relationship to Reference: _____

Name: _____ Phone Number: _____
Relationship to Reference: _____

My signature below authorizes the references and former employees listed on this form to give Langlas & Associates any and all information concerning my previous employment they may have, and I release all parties from all liability for any damages that may result from furnishing the same to Langlas & Associates.

Applicant Signature: _____ Date: _____