

**EMPLOYMENT APPLICATION
DUCROSS CONSTRUCTION, LLC
P.O. BOX 13230
LAS CRUCES, NM 88013**

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

It is the policy of DuCross Construction, LLC (DuCross) to afford all persons (applicants and employees) Equal Employment Opportunity, without regard to their race, religion, sex, color, national origin, sexual orientation, marital status, age or disability. Such action shall include: Employment, upgrading, demotion, or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, to include apprenticeship, pre-apprenticeship, and/or on-the-job training.

NOTICE TO APPLICANTS:

1. If you need assistance completing this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.
2. This application form represents the minimum information required to be considered for employment with DuCross. Please print clearly; incomplete or illegible applications will not be processed.
3. *DuCross requires all new employees to take a drug and alcohol test before they are hired. If you are selected for employment, instructions will be given as to where this test will be taken. A **\$50.00** cash deposit is required at the time of testing. Only those applicants testing negative will be considered for employment with DuCross. The deposit will be returned after you have worked 40 hours. It will be included in the next paycheck. If you test positive, decline the position, or quit/terminated before working the 40 hours, the **\$50.00** deposit will be forfeited.*
4. This application form is intended for use in evaluating your qualifications for employment. This is NOT an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.
5. Additional testing of job-related skills may be required prior to employment.
6. Due to the nature of construction, there is a possibility that your employment will be out of town.

PERSONAL DATA

LEGAL NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET APARTMENT NUMBER

CITY STATE ZIP CODE

HOME PHONE () CELL NUMBER ()

SOCIAL SECURITY (LAST 4 DIGITS ONLY) XXX-XX- _____

JOB INFORMATION

POSITION APPLYING FOR: _____

DATE YOU CAN START: _____

HOW DID YOU HEAR ABOUT DUCROSS? (Please check one)

___DUCROSS EMPLOYEE ___ FRIEND OR RELATIVE ___ADVERTISEMENT ___ WALK-IN ___ OTHER

Have you ever worked for DuCross previously? _____ if YES, when? _____

EDUCATION

Name	City/State	Degree
High School _____		
College _____		
Other _____		

JOB RELATED SKILLS (NOTE: Do not fill out any part of this section you believe to be non job related.)

LIST LANGUAGES IN WHICH YOU ARE FLUENT: _____

DO YOU HAVE A VALID AND VERIFIABLE DRIVERS LICENSE? ____ YES ____ NO

DRIVERS LICENSE # _____ STATE OF ISSUE _____

IF YOU HAVE A CDL, PLEASE LIST ENDORSEMENTS: _____

HAVE YOU HAD ANY MOVING VIOLATIONS? PLEASE DESCRIBE: _____

EMPLOYMENT HISTORY (Current or most recent job first, then previous jobs in order)

COMPANY NAME: _____ TELEPHONE () _____

ADDRESS _____
STREET

_____ CITY STATE ZIP CODE

SUPERVISOR: _____ May we Contact? ____ Y ____ N

HOURLY RATE \$ _____ DATES EMPLOYED: FROM: _____ TO : _____

JOB TITLE & DUTIES : _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY CONTINUED:

COMPANY NAME: _____ TELEPHONE () _____

ADDRESS _____

STREET

_____ CITY

_____ STATE

_____ ZIP CODE

SUPERVISOR: _____ May we Contact? ___Y ___N

HOURLY RATE \$ _____ DATES EMPLOYED: FROM: _____ TO : _____

JOB TITLE & DUTIES : _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ TELEPHONE () _____

ADDRESS _____

STREET

_____ CITY

_____ STATE

_____ ZIP CODE

SUPERVISOR: _____ May we Contact? ___Y ___N

HOURLY RATE \$ _____ DATES EMPLOYED: FROM: _____ TO : _____

JOB TITLE & DUTIES : _____

REASON FOR LEAVING: _____

PRE-EMPLOYMENT STATEMENT (Please read the following statements carefully before signing.)

I certify that the information that I have provided on this application is true, accurate and complete to the best of my knowledge

I understand that any false statement or misrepresentation or willful omission of facts may prevent my being hired or, if hired, may cause termination from employment.

I understand that this application and records become the property of DuCross Construction, LLC which reserves the right to accept or reject them.

I authorize the company and/or its agents to conduct a work history inquiry to determine my acceptability for employment, and I release from liability any person giving or receiving such information.

If hired I will provide a medical and health history

If hired, I will furnish documents required on form I-9, Employment Eligibility Verification.

I understand that employment at DuCross is "At-Will"; meaning that either DuCross or I can terminate my employment at any time, with or without notice or cause.

I agree to observe all rules, regulations and policies of DuCross Construction, LLC

I have read and understand the above, including the EEO Policy and Notice to Applicant.

SIGNATURE OF APPLICANT

DATE