



School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

*For Clerical Applicants Only:*

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, WPM:
Computer Skills (Hardware/Software)

## GENERAL

Yes    No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application.)

## Job History

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Manager/Supervisor: \_\_\_\_\_

Date From/To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Manager/Supervisor: \_\_\_\_\_

Date From/To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Manager/Supervisor: \_\_\_\_\_

Date From/To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Manager/Supervisor: \_\_\_\_\_

Date From/To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Manager/Supervisor: \_\_\_\_\_

Date From/To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional past employment history references, and as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made based on such information. I further authorize the Company to obtain any credit and consumer checks.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986.

The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

---

Signature

---

Date

# CONSENT TO BACKGROUND

Applicant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize OUZENNE CONSTRUCTION FIRM LLC,

And/or its agents to make an investigation of my background, reference, character, past employment, consumer reports, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public record, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment and any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to any medical histories or records pertaining to me and any other individuals who due to my employment may be covered by any Company medical or another insurance program. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related documents, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant:

By: \_\_\_\_\_ Date: \_\_\_\_\_

OUZENNE CONSTRUCTION FIRM LLC,  
2022 - 2023 WWW.OUZENNE.COM

**EMAIL APPLICATION BACK TO: OCFIRM@OUZENNE.COM**