**EMPLOYMENT APPLICATION**

Please complete the entire application.

1. Employer Information

Employer: 3LW CIVIL LLC

 Address: 805 Austin St.

City/State/ZIP: Mason, Texas 76856

Telephone: 325-347-7898

Fax: 325-294-4544

It is the policy of 3LW CIVIL LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1. Applicant Information

Applicant Full Name: Home Address: City/State/ZIP: Number of years at this address:

Mobile phone:

Social Security Number: Driver's License (State/Number):

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

1. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: Relationship to you: Address: City/State/ZIP:

Daytime phone: Evening phone:

1. Job Position Applied For: Full or Part Time?
2. Salary Desired: $ per
3. Are you at least 18 years old? Yes No
4. How will you get to work?
5. If applicable, are you available to work overtime? Yes No
6. If you are offered employment, when would you be available to begin work?
7. If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No
8. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No

What reasonable accommodation, if any, would you request?

1. Have you ever been convicted of a felony or misdemeanor?

 Yes, I was convicted of on

 (date) in (city), (state)

 No

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

1. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or

|  |  |  |  |
| --- | --- | --- | --- |
| Skill[ ] | Construction/Concrete/Paving | Years of Experience  | Rating1 2 3 4 5 |
|  |  |   | 1 2 3 4 5 |
|  |  |   | 1 2 3 4 5 |

1. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: Supervisor Name: Address: City/State/ZIP: Job Duties: Reason for Leaving: Dates of Employment (Month/Year):

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Employer Name: Supervisor Name: Address: City/State/ZIP: Job Duties: Reason for Leaving: Dates of Employment (Month/Year):

1. Applicant's Education and Training

College/University Name and Address

Did you receive a degree? Yes No If yes, degree(s) received:

High School/GED Name and Address

Did you receive a degree? Yes No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

Military Service:

 Yes No

Branch: Specialized Training:

1. References

List any two non-relatives who would be willing to provide a reference for you.

Name: Address: City/State/ZIP:

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:

Name: Address: City/State/ZIP:

Telephone:

Relationship:

1. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize 3LW Civil LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of 3LW CIVIL LLC, except in a specific written contract of employment signed on behalf of the organization by its

­Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE DATE

**3 LW CIVIL LLC**

General Contractor

Bus (325) 347-7898 805 Austin St.

Fax (325) 294-4544 Mason, Texas 76856

AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize 3LW Civil LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that 3LW Civil LLC will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee                              Date

Employee Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WAGE OVERPAYMENT / UNDERPAYMENT POLICY**

3 LW Civil LLC takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled paydays.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of their respective Superintendent or the Payroll Manager so that corrections can be made as quickly as possible. If the employee has been underpaid, the Company will pay the employee the difference as soon as possible. If the employee has been paid in excess of what he or she has earned, the employee will need to return the overpayment to the Company as soon as possible. No employee is entitled to retain any pay in excess of the amount he or she has earned according to the agreed-upon rate of pay. If a wage overpayment occurs, the overpayment will be regarded as an advance of future wages payable and will be deducted in whole or in part from the next available paycheck(s) until the overpaid amount has been fully repaid. Each employee will be expected to sign a wage deduction authorization agreement authorizing such a deduction.

I understand this policy and agree to its terms, I acknowledge that any wage overpayment constitutes an advance of future wages payable to me, and I give permission to 3LW CIVIL LLC to deduct any wage overpayments from any subsequent paycheck(s) to which I become entitled until the overpaid amount has been fully repaid.

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Signature of Employee         Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name

We ask that employees realize that pay errors are not intentional and that employees be understanding if such an event occurs.

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**ACKNOWLEDGEMENT AND RECEIPT OF POLICY HANDBOOK**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) acknowledge receiving the 3LW CIVIL LLC policy handbook. I CLEARLY UNDERSTAND THAT THIS POLICY HANDBOOK DOES NOT CREATE A CONTRACT FOR EMPLOYMENT WITH 3LW CIVIL LLC, AND THAT 3LW CIVIL LLC MAY CHANGE OR MODIFY THE POLICIES AND PROCEDURES IN THIS HANDBOOK AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE. I HAVE READ AND UNDERSTOOD THE POLICIES OUTLINED IN THE 3LW CIVIL LLC HANDBOOK AND AGREE TO BE BOUND BY THE COMPANY’S RULES AND REGULATIONS DURING MY EMPLOYMENT WITH THE COMPANY. I UNDERSTAND THAT VIOLATING THE POLICIES AND RULES SET OUT IN THIS HANDBOOK MAY LEAD TO DISCIPLINE, UP TO AND INCLUDING TERMINATION.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE SIGNATURE DATE