

Previous Employment

Company: Phone: ()
Address: Supervisor:
Job Title: Starting Salary: \$ Ending Salary: \$
Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

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Address: Supervisor:
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Responsibilities:
From: To: Reason for Leaving:
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: From: To:
Rank at Discharge: Type of Discharge:
If other than honorable, explain:

Other

Do you have a physical condition that might limit your ability to perform the job for which you are applying?
 Yes No If "Yes," please describe:

List previous address, except military, if changed within last 5 years.

Street	City	State/Zip	Dates
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Disclaimer and Signature

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this Application may result in immediate termination of my employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that it is **J.L. Roberts Mechanical Contracting LLC's** policy to prohibit the use, possession, transportation, or sale of illegal and non-prescribed drugs, and alcoholic beverages by its employees on the company's premise, by the company's employees while on duty, or by the company's employees in such a way that could damage the company's reputation in the general public. I understand that use of illegal or non-prescribed drugs, or alcoholic beverages in any such fashion is a violation of J.L. Roberts' policy. **Accordingly, I hereby agree to submit to a pre-employment drug and/or alcohol test as a condition for my potential employment. I understand that failure to cooperate with any testing procedure will disqualify me from consideration from employment. I authorize any laboratory or medical provider to release test results to J.L. Roberts, and I expressly authorize J.L. Roberts Mechanical to release any test related information, including positive results, as needed. I understand that this agreement in no way limits my right to terminate my employment or be terminated in accordance with federal and state law. My signature below constitutes my consent to provide a sample of my blood, breath, urine, or other related sample for alcohol and drug testing analysis.**

Applicant/Employee Name (Please Print)

Applicant/Employee Signature

Applicant/Employee Social Security Number

Date

