

SENERAL INFORMATION (Please	Print)		
pplication Date:	_Position Applying for:		
pplicant Full Name:			
resent Address: Street Address	City	State	Zip
ermanent Address: different from above) Street Address	City	State	Zip
lome Number: ()	Cell Number: ()	
mail Address:	Desired Salary: _		
ow did you hear about our company ave you applied to or worked for ou	ir company before? 🗖 Yes 🗆 No	o If yes, when?	
/hat days and hours are you availab	ole for work?		
are you over the age of 18? \Box Yes \Box	No		
re you able to perform the essential ithout reasonable accommodation?	I functions of the job for which yo P□Yes □ No		
re you able to perform the essential	I functions of the job for which your Yes No cannot be performed:	ures that may be necessa	ary for eligible
re you able to perform the essential rithout reasonable accommodation? If no, describe the functions that on the contraction of the contraction o	I functions of the job for which your Yes No cannot be performed:	ures that may be necessa	ary for eligible
re you able to perform the essential rithout reasonable accommodation? If no, describe the functions that a (Note: Unger Construction Co. complies with ADA applicants/employees to perform essential function DUCATION	I functions of the job for which you have a large of the job for which	ures that may be necessamination, skill and/or agil	ary for eligible lity tests.)
re you able to perform the essential ithout reasonable accommodation? If no, describe the functions that of the individual in the individual individual in the individual individual in the individual individua	I functions of the job for which your Yes No cannot be performed: A and consider reasonable accommodation measures. Hire may be subject to passing a medical exa	ures that may be necessamination, skill and/or agil	ary for eligible lity tests.)
re you able to perform the essential ithout reasonable accommodation? If no, describe the functions that on the image of the functions in the image of the function of the image of the ima	I functions of the job for which your Yes No cannot be performed: A and consider reasonable accommodation measures. Hire may be subject to passing a medical example. Number	ures that may be necessar mination, skill and/or agil of Years Comple	ary for eligible lity tests.) ted:
re you able to perform the essential rithout reasonable accommodation? If no, describe the functions that on the essential function of the essentia	I functions of the job for which you have a large and consider reasonable accommodation measures. Hire may be subject to passing a medical example accommodation measures. Hire may be subject to passing a medical example accommodation measures. Hire may be subject to passing a medical example accommodation measures. Hire may be subject to passing a medical example accommodation measures. A city city cific Degree or Diploma:	ures that may be necessar mination, skill and/or agil of Years Comple	ary for eligible lity tests.) ted: Zip
If no, describe the functions that on the essential of thou treasonable accommodation? If no, describe the functions that on the essential function of the essential function	I functions of the job for which you have a large of the job for which	of Years Comple	ary for eligible lity tests.) ted: Zip



Vocational:	Number of Years Completed:		
Address:	City	Ctoto	7:
Street Address	City	State	Zip
Did you Graduate? ☐ Yes ☐ No Spe	ecific Degree or Diploma:		
Other:	Number of Years Completed:		
Address: Street Address	City	State	Zip
Did vou Graduate? ☐ Yes ☐ No Spe	ecific Degree or Diploma:		
,			
EMPLOYMENT HISTORY (Start with your least the past 10 years.)	our present or most recent position. Indicated all emp	loyment includin	g military activity) fo
Employer:	From: _		To:
Address: Street Address	01		
	City	State	•
Phone Number: ()	Reason for Leaving:		
Job Title:	Responsibilities:		
Supervisor Name:	May we contact supervisor fo	or a referenc	e?□ Yes□ No
Employer:	From: _		То:
Address: Street Address	City	State	Zip
Phone Number: ()	Reason for Leaving:		
Job Title:	Responsibilities:		
Supervisor Name:	May we contact supervisor fo	or a referenc	e?□ Yes□ No



Employer:	From:	To:	
Address:	City	State	
Street Address	City	State	Zip
Phone Number: ()	Reason for Leaving:		
Job Title:	Responsibilities:		
Supervisor Name:	May we contact supervisor f	or a reference?	□ Yes□ No
Employer:	From:	То:	
Address:			
Street Address	City	State	Zip
Phone Number: ()	Reason for Leaving:		
Job Title:	Responsibilities:		
Supervisor Name:	May we contact supervisor f	or a reference?	□ Yes□ No
Employer:	From:	То:	
Address: Street Address	City	State	Zip
Phone Number: ()	·		-
Job Title:	Responsibilities:		
Supervisor Name:	May we contact supervisor f	or a reference?	□ Yes□ No
REFERENCES (Please list three professional reference	ences)		
Name:	Relationship:		
Phone Number:	Email Address:		
Occupation:	No. of Years Acquainted:		



Name:	Relationship:
Phone	Number: Email Address:
Occupa	ation: No. of Years Acquainted:
Name:	Relationship:
Phone	Number: Email Address:
Occupa	ation: No. of Years Acquainted:
Please	Read Carefully, Initial Each Paragraph and Sign Below
Initials	I hereby certify that all the information above is true and complete. I have not knowingly withheld any information that migh adversely affect my chances for employment. I understand that any falsification, material omission or misstatement conformation on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I further certify that I, the undersigned applicant, have personally completed this application.
Initials	I understand that any offer of employment is conditioned upon complying with all of the Company's requirements including but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.
Initials	I hereby authorize Unger Construction Co. and its representatives to contact my prior employers and all others for the purpose of verification of all information I have supplied, and to thoroughly investigate my references, work record, education professional credentials, and other matters related to my suitability for employment. Further, I authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during memployment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is "at-will" – that is, it is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.
Initials	I understand an offer of employment may be made contingent on passing a background check and I agree to submit to a controlled substances screening by the Company's designated medical practitioner and at the Company's expense upon receiving a conditional offer of employment from the Company.
Date	Applicant's or Employee's Signature

Unger Construction Co. is an equal opportunity employer and does not discriminate on the basis of race, religion or religious creed, creed, color, age, sex, sexual orientation, gender identity, genetic information, national origin and ancestry, marital status, medical condition, mental or physical disability, military or veteran status, pregnancy, childbirth, breastfeeding and related medical conditions, or any other classification protected by federal, state, or local laws, regulations, or ordinances and does not discriminate on the perceived membership in one or more of these classes.