

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

To be considered, the original and signed Application must be submitted in-person or by mail to:



San Marcos Corporate Office
1570 Linda Vista Drive
San Marcos, CA 92078

RESUME ATTACHED? Yes _____ No _____ (If yes, please staple to Application)

PERSONAL INFORMATION

DATE _____

NAME
LAST FIRST MI.

ADDRESS
STREET CITY STATE ZIP

PHONE NO. ARE YOU 18 YEARS OR OLDER? YES NO

Are you legally authorized to work in the U.S.? YES NO

Will you now or in the future require visa sponsorship for employment at Lusardi Construction? YES NO

EMPLOYMENT DESIRED

DATE YOU CAN START

POSITION _____

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

ARE YOU EMPLOYED NOW? _____

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	MAJOR /DEGREES RECEIVED
GRAMMAR SCHOOL				
HIGHSCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

NOTICE OF DRUG-FREE WORKPLACE POLICY AND CONSENT TO POST-OFFER DRUG TEST:

The Company has adopted a Drug-Free Workplace Policy. Under that Policy, the use of illegal drugs is prohibited, and any offer of employment is conditioned upon the successful completion of a drug screen which tests for the current use of illegal drugs and controlled substances. If you receive an offer of employment, you will not be permitted to begin work until you have successfully completed that test. Any offer of employment will be revoked if you (1) fail or refuse to submit to the test at the date, time and place you are instructed to do so, (2) adulterate the test specimen or testing procedure to taint the results, or (3) test positive for the current use of illegal drugs. By signing below, you agree to submit to and complete a drug screen test for the current use of illegal drugs, and voluntarily waive any privacy rights with respect thereto. Further, you authorize the physician, technicians and other employees of the medical laboratory, and/or authorized representatives of the Company, to (1) collect appropriate blood, breath or urine samples for testing, (2) collect medical information related to the current use of illegal drugs, and (3) disclose, to the appropriate Company officials, the test results and medical information related to the current use of illegal drugs, and you release the Company and its personnel from any liability associated with the testing and the limited disclosure of the test results and medical information related to the current use of illegal drugs. You understand and agree to the Company's Drug-Free Workplace Policy, and agree that any offer of employment you may receive is conditioned upon successful completion of the drug screen test.

Date: _____

Signature: _____

(CONTINUED ON OTHERSIDE)

GENERAL INFORMATION

SPECIAL SKILLS OR LICENSES: _____

OUTSIDE ACTIVITIES (Optional): _____

PROJECT ENGINEERING AND/OR MANAGEMENT EXPERIENCEDESCRIBE YOUR EXPERIENCE IN PROJECT ENGINEERING AND/OR MANAGEMENT: _____

FIELD CONSTRUCTION EXPERIENCE

(If applying for field position)

YEARS OF EXPERIENCE IN THE CONSTRUCTION POSITION FOR WHICH YOU ARE APPLYING? _____

DO YOU HAVE TILT-UP CONSTRUCTION EXPERIENCE? YES _____ NO _____ HOW MANY YEARS? _____

WHAT CONCRETE WORK EXPERIENCE DO YOU HAVE? _____

DO YOU HAVE LEADERSHIP EXPERIENCE? (Lead person, foreman, etc.) YES _____ NO _____

HOW MANY YEARS? _____

IF "YES", PLEASE DESCRIBE: _____
_____LIST CONSTRUCTION EQUIPMENT YOU CAN OPERATE: _____
_____LIST YOUR CONSTRUCTION SKILLS: _____

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST. ATTACH RESUME, IF AVAILABLE.

DATE	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
MONTH AND YEAR	(INCLUDING SUPERVISOR & PHONE NUMBER)		
FROM			
TO			
FROM			
TO			
FROM			
TO			

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES

GIVE THE NAMES OF TWO PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			

IN CASE OF EMERGENCY NOTIFY: _____

NAME

ADDRESS

PHONE NO.

I AUTHORIZE THE COMPANY TO CONTACT MY FORMER EMPLOYERS AND REFERENCES TO SEEK CONFIRMATION OF MY PAST EMPLOYMENT & CHARACTER. I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I UNDERSTAND THAT THIS APPLICATION IS CONSIDERED ACTIVE ONLY FOR 30 DAYS FROM THE DATE SHOWN.

DATE _____

SIGNATURE _____

PRINT NAME _____

TO BE COMPLETED BY LUSARDI'S PERSONNEL DEPARTMENT

SALARY/

REPORT

HIRED: YES: NO: POSITION: _____

DEPT. _____

WAGE: _____

DATE: _____

HIRED BY: _____

Rev. 3.2021

CONFIDENTIAL-VOLUNTARY APPLICANT SURVEY

Dear Applicant:

Lusardi Construction Company is required by federal law to track certain information about job applicants, including applicant's sex, race, and veteran status. In keeping with its commitment as an Equal Opportunity Employer, Lusardi invites applicants to voluntarily provide this information.

- This survey is **VOLUNTARY** and your decision not to participate will not result in any adverse treatment against you, nor will the information you provide be used against you in any way. If you do not wish to participate, you may write-in your name below and mark the appropriate box in Question 1.
- It is Lusardi's policy to promote equal employment opportunity to all qualified persons, without regard to race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, veteran status, or any other consideration made unlawful by federal, state, or local laws.
- The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations.

Date of application: _____

ApplicantName: _____

Job Position appliedfor: _____

1. I prefer not to participate in this survey.
2. I am:
 - Male
 - Female
 - Decline to answer.
3. Which of the following best describes you? (*choose one only*)
 - Hispanic/Latino
 - Non-Hispanic/Latino White
 - Non-Hispanic/Latino Black or African American
 - Non-Hispanic/Latino Native Hawaiian or Other Pacific Islander
 - Non-Hispanic/Latino Asian
 - Non-Hispanic/Latino American Indian or Alaskan Native
 - Non-Hispanic/Latino Two or More Races
 - Decline to answer
4. I am a: (*check all that apply*)
 - Veteran (Branch _____, Discharge Date _____)
 - Disabledveteran
 - Veteran who served on active duty duringa war
 - Veteran who received a campaign badge
 - Armed Forces ServiceMedal veteran

Voluntary Self-Identification of Disability

Form CC-305
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OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____