

CONFIDENTIAL-VOLUNTARY APPLICANT SURVEY

Dear Applicant,

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

Please keep in mind:

- 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.
- 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 will only be used in accordance with the provisions of applicable laws, executive orders, and regulations.

Date of Application: _____

Applicant Name: _____

Job Position Applied For: _____

I prefer not to participate in this survey.

What is your gender?

Male Female

Which of the following best describes your race/ethnicity? (*choose one only*)

- White
- Latino/Hispanic
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Asian
- American Indian/Alaska Native
- Two or More Races

Are you a disabled veteran?

Yes (Branch _____, Discharge Date _____)

No

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

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

It is our 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, or veteran status.



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

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

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				
HIGH SCHOOL				
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 OTHER SIDE)

GENERAL INFORMATION

SPECIAL SKILLS OR LICENSES: _____

OUTSIDE ACTIVITIES (Optional): _____

IN THE LAST FIVE (5) YEARS, HAVE YOU BEEN CONVICTED OF A FELONY (other than convictions that have been subsequently dismissed, or ones for which the records have been sealed or expunged)?

YES: _____ NO: _____ IF "YES", PLEASE EXPLAIN: _____

PROJECT ENGINEERING AND/OR MANAGEMENT EXPERIENCE

DESCRIBE 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? (Leadperson, 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 MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER (INCLUDING SUPERVISOR & PHONE NUMBER)	SALARY	POSITION	REASON FOR LEAVING
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 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:
HIRED: YES: NO: POSITION: DEPT. SALARY/ WAGE: REPORT DATE:

HIRED BY: _____