

**Please fill out all
forms and
application with
the correct
spelling of your
name as listed on
your Social
Security Card.
Thank you.**



Austin Companies: AGC

AMC

ADH

Employment Application-TO BE COMPLETED IN FULL- NO "SEE RESUME" ACCEPTED

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Last four of SS No: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you authorized to work in the U.S? YES NO Have you ever worked for this company? YES NO

Are you at least 18 years or older? YES NO If so, when? _____

Austin Companies is an equal opportunity employer. Austin Companies does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

High School: _____ Address: _____

Did you graduate? YES NO Degree: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address _____

Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment- TO BE COMPLETED IN FULL- NO "SEE RESUME" ACCEPTED

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____

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

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Responsibilities: _____

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

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ 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: _____ Are you a Veteran? Yes No

Disclaimer and Signature

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Austin Companies to hire me. If I am hired, I understand that either Austin Companies or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Austin Companies has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Austin Companies true and complete information on this application. No requested information has been concealed. I authorize Austin Companies to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature: _____ **(No E-Signatures accepted)** Date: _____



Austin General Contracting

Austin Millwork & Cabinetry

Austin Door & Hardware

Employment Verification Release

To: _____
(Insert each company's name AGC, AMC, or ADH may contact)

I, _____, request verification of my employment be to given Austin Companies. Please release my **title, dates of employment, salary, and reason for leaving** information.

Signature (No E-Signatures accepted)

Date
() _____

Telephone Number

DO NOT WRITE BELOW: TO BE COMPLETED BY PREVIOUS EMPLOYER

Dates: _____ to _____

Title: _____

Salary: _____

Reason for leaving: _____

Rehire: Yes or No

Return to:
Human Resources
6440 S. Polaris Ave
Las Vegas, NV 89118
702-730-0078 Fax 702 914-9814



Austin General Contracting

Austin Millwork & Cabinetry

Austin Door & Hardware

Employment Verification Release

To: _____
(Insert each company's name AGC, AMC, or ADH may contact)

I, _____, request verification of my employment be to given Austin Companies. Please release my **title, dates of employment, salary, and reason for leaving** information.

Signature (No E-Signatures accepted)

Date
() _____

Telephone Number

DO NOT WRITE BELOW: TO BE COMPLETED BY PREVIOUS EMPLOYER

Dates: _____ to _____

Title: _____

Salary: _____

Reason for leaving: _____

Rehire: Yes or No

Return to:
Human Resources
6440 S. Polaris Ave
Las Vegas, NV 89118
702-730-0078 Fax 702 914-9814



Austin General Contracting

Austin Millwork & Cabinetry

Austin Door & Hardware

Employment Verification Release

To: _____
(Insert each company's name AGC, AMC, or ADH may contact)

I, _____, request verification of my employment be to given Austin Companies. Please release my **title, dates of employment, salary, and reason for leaving** information.

Signature (No E-Signatures accepted)

Date
() _____

Telephone Number

DO NOT WRITE BELOW: TO BE COMPLETED BY PREVIOUS EMPLOYER

Dates: _____ to _____

Title: _____

Salary: _____

Reason for leaving: _____

Rehire: Yes or No

Return to:
Human Resources
6440 S. Polaris Ave
Las Vegas, NV 89118
702-730-0078 Fax 702 914-9814



Austin General Contracting Austin Millwork & Cabinetry Austin Door & Hardware

**PRE-EMPLOYMENT DRUG/ALCOHOL TESTING
CONSENT AND RELEASE FORM**

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by Austin Companies in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

(No E-Signatures accepted)