

APPLICANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# **APPLICATION FOR EMPLOYMENT**



**An Equal Opportunity Employer**

**A Drug and Tobacco Free Workplace**

Email completed all applications and resumes to [info@newvistabuildersgroup.com](mailto:info@newvistabuildersgroup.com).

October 1, 2021

# NEW VISTA BUILDERS GROUP, LLC

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer  
A Drug Free Workplace

New Vista Builders Group, LLC, in accordance with applicable state and federal laws, does not discriminate on the basis of age, race, gender, religion, national origin, sex, marital status, pregnancy, physical or mental disabilities, military or veteran status, sexual orientation, or any other protected class as is applicable under federal, state, or local laws and regulations.

### PERSONAL INFORMATION (Please Print)

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LAST NAME	MIDDLE INITIAL	FIRST NAME
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SOCIAL SECURITY #	DRIVER'S LICENSE #
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HOME ADDRESS	CITY	STATE	ZIP
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HOME PHONE	CELL PHONE	e-mail ADDRESS
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### EMPLOYMENT DESIRED

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Position	Date you can start	Salary desired
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\_\_\_\_\_ Full-time      \_\_\_\_\_ Part-time      \_\_\_\_\_ Sub-Contractor/1099

ARE YOU PRESENTLY EMPLOYED?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

### EDUCATION

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Elementary School	City	Years Attended	Did You Graduate?	Degree
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High School	City	Years Attended	Did You Graduate?	Degree
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College	City	Years Attended	Did You Graduate?	Degree
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Post Graduate	City	Years Attended	Degree Conferred
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Certification, Training, or Subject of Special Study or Research

# PROFESSIONAL LICENSING

Professional License Number \_\_\_\_\_

Please attach a copy of your Professional License.

# MILITARY SERVICE RECORD

\_\_\_\_\_  
Type of Discharge & Date    Rank at Discharge    \_\_\_\_\_ Branch of Service

# EMPLOYMENT VERIFICATION

**ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES?**     Yes     No  
ELP will require verification of employment eligibility as required by law including completion of an I-9 form.

## WORK EXPERIENCE

**1.** \_\_\_\_\_  
Name of Present or Last Employer                      Phone Number                      City                      State

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Start Date (Mo/Yr)                      Departure Date (Mo/Yr)                      Starting Salary                      Final Salary                      Job Title

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Job Title                      Name of Supervisor

Yes     No

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Were you fired?                      Explain reasons/circumstances for changing or wanting to change jobs

**2.** \_\_\_\_\_  
Name of Prior Employer                      Phone Number                      City                      State

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Start Date (Mo/Yr)                      Departure Date (Mo/Yr)                      Starting Salary                      Final Salary                      Job Title

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Job Title                      Name of Supervisor

Yes     No

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Were you fired?                      Explain reasons/circumstances for changing or wanting to change jobs

**3.** \_\_\_\_\_  
Name of Prior Employer                      Phone Number                      City                      State

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Start Date (Mo/Yr)                      Departure Date (Mo/Yr)                      Starting Salary                      Final Salary                      Job Title

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Job Title                      Name of Supervisor

Yes     No

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Were you fired?                      Explain reasons/circumstances for changing or wanting to change jobs

# REFERENCES

LIST THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST TWO YEARS.

1. \_\_\_\_\_  
NAME TITLE

\_\_\_\_\_  
ADDRESS PHONE YEARS KNOWN

2. \_\_\_\_\_  
NAME TITLE

\_\_\_\_\_  
ADDRESS PHONE YEARS KNOWN

3. \_\_\_\_\_  
NAME TITLE

\_\_\_\_\_  
ADDRESS PHONE YEARS KNOWN

## CERTIFICATION OF ESSENTIAL JOB FUNCTIONS

\_\_\_\_\_ I have been advised of the essential job functions for the position for which I am applying.

\_\_\_\_\_ There is nothing that would prevent me from performing the essential duties of the position for which I am applying.

\_\_\_\_\_ I believe that I cannot or will not be able to perform the essential duties of the position for which I am applying.

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_Yes \_\_\_\_\_No**

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## CERTIFICATION AND ACKNOWLEDGEMENT

I certify that all information submitted in this application form, resume or interview is true and complete and that I have not knowingly withheld, nor will I withhold, any information that would affect my application for employment. I understand that New Vista Builders Group, LLC is under no obligation to consider or reconsider this application at any time and that acceptance of my application does not constitute an offer of employment. I also understand and agree that:

(Please initial each item)

1. \_\_\_\_\_Inquiries may be made with my previous employers or others who may have knowledge of me, and schools or colleges. I authorize any such person or agency to give you any and all information concerning my previous education and employment, including but not limited to, an assessment of my job performance, ability and fitness and/or any other information they may have, personal or otherwise, and release all parties from any and all liability, claims, or damages that may directly or indirectly result from furnishing same.
2. \_\_\_\_\_Prior to my beginning work or during my employment, New Vista Builders Group, LLC reserves the right to conduct a criminal background check for employment purposes. I understand that a prior criminal conviction will not necessarily make me ineligible for employment. I hereby consent to a criminal background check and authorize the release of the report and any other information to the company. I hereby release the company, its divisions, affiliates, and associates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation of the information contained in the criminal background reports, and the disclosure of such information for employment purposes. I further understand that I will be responsible to repay the cost of my background screen (through payroll deduction up to \$125.00) should I leave New Vista Builders Group, LLC, by resignation or termination, during my first 90 days of employment.
3. \_\_\_\_\_ Prior to my beginning work or during my employment, New Vista Builders Group, LLC reserves the right to obtain consumer reports as part of New Vista Builders Group, LLC' evaluation of my job application/employment. The reports may include my driving record, an assessment of my insurability under New Vista Builders Group, LLC insurance coverages or consumer reports. I hereby release the company, its divisions, affiliates, and associates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation of the information contained in the consumer reports, and driving records about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes and the disclosure of such information for employment purposes.
4. \_\_\_\_\_I understand that as a condition of my employment, I must take and pass a pre or post-employment urine and/or blood test at authorized threshold levels for any and all of the drugs or alcohol listed by the New Vista Builders Group, LLC Drug Free Workplace Policy. I further understand that I will be responsible to repay the cost of my drug screen (through payroll deduction up to \$70.00) should I leave New Vista Builders Group, LLC, by resignation or termination, during my first 90 days of employment.

5. \_\_\_\_ I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre or post-employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by New Vista Builders Group, LLC prior to or during your employment with New Vista Builders Group, LLC, notwithstanding any other disciplinary provisions contained in the New Vista Builders Group, LLC's Drug-Free Workplace Policy statement, I will be terminated for cause and New Vista Builders Group, LLC may seek to deny any employment benefits I might attempt to obtain.
6. \_\_\_\_ Prior to beginning work with New Vista Builders Group, LLC, I will be required to sign a Non-Discrimination/Non-Retaliation Policy Agreement.
7. \_\_\_\_ Prior to beginning work with New Vista Builders Group, LLC, I will be required to sign a Confidentiality/ Trade Secrets and Non- Solicitation Agreement.
8. \_\_\_\_ I represent and warrant to New Vista Builders Group, LLC that I am under no contractual or other restriction or obligation which would prevent me in any way from working with New Vista Builders Group, LLC, including but not limited to, a covenant not-to-compete, confidentiality agreement, and/or trade secret agreement. If I believe that I am presently under such contractual obligation, I will provide a copy of such agreement to New Vista Builders Group, LLC
9. \_\_\_\_ I also understand and agree that no representative of New Vista Builders Group, LLC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and approved by Matthew Carlson., President of New Vista Builders Group, LLC
10. \_\_\_\_ If employed, I understand and agree that my employment is "at-will" and may be terminated with or without cause or notice at my option or at the option of New Vista Builders Group, LLC
11. \_\_\_\_ I understand that any misrepresentation, falsification or omission of this application shall be sufficient reason for refusal or dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by New Vista Builders Group, LLC or any subsidiary hereinafter referred to as New Vista Builders Group, LLC may be withdrawn, or my employment with New Vista Builders Group, LLC may be terminated immediately.
12. \_\_\_\_ I understand that New Vista Builders Group, LLC reserves the right to refuse employment to anyone who smokes or uses tobacco products at any time.
13. \_\_\_\_ I understand that as a condition of my employment, I must pass a pre-employment physical exam by a medical professional approved by NVBG. I further understand that I will be responsible to repay the cost of the exam (through payroll deduction).

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_