



13420 N. Wasaukee Road Mequon Wisconsin 53097
(262) 512-1968

DESIGN-BUILD-MAINTAIN

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME) _____

PRESENT ADDRESS _____ CITY _____ ST _____ APT NO. _____

ARE YOU 18 YEARS OLD OR OLDER? **YES** OR **NO** (PLEASE CIRCLE)

DO YOU HAVE A VALID DRIVER'S LICENSE? **YES** OR **NO** (PLEASE CIRCLE)

DESIRED POSITION

POSITION _____

FULL TIME OR PART TIME? _____

ARE YOU EMPLOYED NOW? _____ YES _____ NO

IF SO, COMPLETE INFORMATION ON PAGE 2 UNDER "CURRENT EMPLOYERS"

IF SO MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO. IF NO, REASON WHY YOU PREFER NO CONTACT _____

EDUCATION

NAME & LOCATION OF SCHOOL

GRAMMAR SCHOOL

HIGH SCHOOL

_____ GRADUATED _____ YES _____ NO

COLLEGE

_____ GRADUATED _____ YES _____ NO _____ WILL ON

TRADE/TECHNICAL SCHOOL

_____ GRADUATED _____ YES _____ NO _____ WILL ON

GENERAL

PLEASE LIST ANY SPECIAL TRAINING, EXPERIENCE OR UNIQUE SKILLS RELATED TO THE WORK YOU ARE APPLYING FOR IF ANY:

CURRENT OR FORMER EMPLOYERS

LIST BELOW YOUR CURRENT EMPLOYER- IF NOT EMPLOYED CURRENTLY, LIST YOUR LAST 3 EMPLOYERS IF ANY.

NAME OF PRESENT OR LAST EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING DATE _____ DEPARTURE DATE _____ JOB TITLE _____

WEEKLY STARTING SALARY/PAY \$ _____ DEPARTING SALARY/PAY \$ _____

NAME OF SUPERVISOR _____ PHONE _____

DESCRIPTION OF DUTIES YOU PERFORMED

FORMER EMPLOYERS

NAME OF NEXT PREVIOUS EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING DATE _____ DEPARTURE DATE _____ JOB TITLE _____

WEEKLY STARTING SALARY/PAY \$ _____ DEPARTING SALARY/PAY \$ _____

NAME OF SUPERVISOR _____ PHONE _____

DESCRIPTION OF DUTIES YOU PERFORMED

FORMER EMPLOYERS

NAME OF NEXT PREVIOUS EMPLOYER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STARTING DATE _____ DEPARTURE DATE _____ JOB TITLE _____

WEEKLY STARTING SALARY/PAY \$ _____ DEPARTING SALARY/PAY \$ _____

NAME OF SUPERVISOR _____ PHONE _____

DESCRIPTION OF DUTIES YOU PERFORMED

REFERENCES

PLEASE LIST BELOW 3 PERSONS WHO YOU ARE NOT RELATED TO AND HAVE KNOWN AT LEAST 1 YEAR OR MORE

1.NAME_____ADDRESS_____PHONE_____
2..NAME_____ADDRESS_____PHONE_____
3..NAME_____ADDRESS_____PHONE_____

MILITARY SERVICE RECORD

BRANCH OF SERVICE_____

DISCHARGE RANK & DATE_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?____YES____NO

IF YES, PLEASE EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION).

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONSIDERING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR AND DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE AND AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE_____SIGNATURE_____