



S.D. Ellenbecker Inc.

General Contractor

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sdellenbecker.com

APPLICATION for EMPLOYMENT

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company.

Please Print

Position applied for _____ Date of application _____

Name _____ Social Security #: _____ - _____ - _____

Address _____
Last First Middle

Street City State Zip Code

Telephone# (____) _____ Cell # (____) _____ E-Mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit? ___yes ___no

If **no**, please explain _____

Have you ever been employed here before? ___yes ___no if **yes**, give dates and supervisors _____

Are you legally eligible for employment in this country? ___yes ___no

Date available for work ____/____/____ What is your desired salary range? _____

Type of employment desired: ___ Full-Time ___ Part-Time ___ Temporary ___ Seasonal

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the

Offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ___yes ___no

If **yes**, please provide date(s) and details _____

If selected for employment are you willing to submit to a background check? ___yes ___no

EMPLOYMENT HISTORY *Starting with your most recent employer, provide the following information:*

Employer _____ Telephone # _____ Dates employed: Mo. ___ Yr. ___ to Mo. ___ Yr. ___

Street address _____ City _____ State ___ Starting Wage: _____ (hourly or salary?)

Starting job title _____ Final job title _____ Final Wage: _____ (hourly or salary?)

Immediate supervisor and title _____ May we contact for reference? ___yes ___no ___later

Why did you leave? _____

Summarize the type of work performed and job responsibilities: _____

Employer _____ Telephone # _____ Dates employed: Mo. ___ Yr. ___ to Mo. ___ Yr. ___

Street address _____ City _____ State ___ Starting Wage: _____ (hourly or salary?)

Starting job title _____ Final job title _____ Final Wage: _____ (hourly or salary?)

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Street address _____ City _____ State ___ Starting Wage: _____ (hourly or salary?)

Starting job title _____ Final job title _____ Final Wage: _____ (hourly or salary?)

Immediate supervisor and title _____ May we contact for reference? ___yes ___no ___later

Why did you leave? _____

Summarize the type of work performed and job responsibilities: _____

May we contact your previous supervisors for a reference ___ Yes ___ No?

**SKILLS AND QUALIFICATIONS
LIST OF CONSTRUCTION EXPERIENCE**

Please complete the following:

Please check the column that closest describes your experience:

	NO EXPERIENCE (Would like to learn)	SOME EXPERIENCE (Still need direction)	MUCH EXPERIENCE (Minimal direction needed)	COMMENTS
Supervision				
Equipment operation – list type				
Concrete footings & Foundations				
Concrete Finishing				
Carpentry				
Metal roofing				
Other skills – not listed?				
Computer Skills (If applying for Office position)				

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: Starting with your most recent school attended, provide the following information:

School (include City/State) Years Completed Completed GPA/Class Rank
Major/Minor

		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

REFERENCES

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three schools or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and Professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and Signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____