

Paul Conard Construction, Inc.
3190 Yeager Drive
Green Bay, WI 54311

APPLICATION FOR EMPLOYMENT

Name		Social Security Number _____	
Present Address		City	State
Phone Number		Birth date	Referred By
		Zip	

EMPLOYMENT DESIRED:

Position	Date You Can Start	Salary Desired
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Are You Presently Employed?
Yes No

If So, May We Inquire Of Your Present Employer?
Yes No

Have You Ever Applied To This Company Before?
Yes No When?

EDUCATION HISTORY

SCHOOL NAME & LOCATION	YEARS	GRADUATED	
HIGH		YES	NO
COLLEGE		YES	NO
TRADE SCHOOL		YES	NO

US MILITARY OR NAVAL SERVICE

US MILITARY OR NAVAL SERVICE	BRANCH
YES NO	

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES	NO

Do You Hold A Valid Drivers License At This Time?
Yes **No**

Do You Hold A Valid Commercial Drivers License At This Time?
Yes **No**

Drivers License Number

LIST MOTOR VEHICLE VIOLATIONS WITHIN THE LAST 5 YEARS:

FORMER EMPLOYERS (List below your last three employers, starting with the last one first)

EMPLOYMENT EXPERIENCE

Name of Present or Last Employer	
Address	Phone Number
Dates Employed From To	Job Title
Hourly Rate Starting Final	Reason For Leaving
Name of Employer	
Address	Phone Number
Dates Employed From To	Job Title
Hourly Rate Starting Final	Reason For Leaving
Name of Employer	
Address	Phone Number
Dates Employed From To	Job Title
Hourly Rate Starting Final	Reason For Leaving

REFERENCES: (Give below the names of three persons not related to you, whom you have known at least one year)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

SPECIAL QUESTIONS: (The following information is voluntary and is not necessary to answer if applicant chooses not to. Not answering these questions will in no way affect applicant's consideration for employment. Paul Conard Construction, Inc. is an Equal Opportunity Employer. We will not tolerate discrimination because of race, creed, color, sex religion or national origin. All qualified applicants are welcome to submit applications for employment.

TO YOUR KNOWLEDGE, DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING ILLNESSES OR SYMPTOMS?

YES NO

Arthritis or Rheumatism		
Asthma or Hay fever		
Back Injury		
Back Difficulties or Discomfort		
Shortness of Breath		
Cancer, Growth, Tumor		
Frequent Cough and Colds		
Diabetes		
Dizziness or fainting Spells		
Epilepsy		
Eye Injury of Defective Sight		
Gout		
Heart Ailments		
Frequent Headaches		
Hearing Impairment		
Hernia or Rupture		
High Blood Pressure		
Kidney Trouble		
Lead Poisoning		
Liver Trouble		
Nervous Breakdown		
Skin Trouble		
Tuberculosis or Silicosis		
Ulcers		
Any other illness?		
Height	Weight	Any other illness? Explain

AUTHORIZATION:

“ 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 AT ANY TIME. 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 TERM INATED, WITH OR WITH OUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANYS OPINION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTANTD 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 AN AGREEMENT CONTRARY TO THE FOREGOING.”

SIGNATURE _____ **DATE** _____.

FOR PERSONNEL DEPARTMENT USE ONLY

DATE OF INTERVIEW

REMARKS

Employed	Date of Employment
Yes No	

Job Title	Hourly Rate/ Salary

By: NAME AND TITLE	DATE