

Phone 715.268.9764



650 75<sup>th</sup> Street  
 County Road F  
 Amery WI 54001

# Employment Application

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>MI</span> </div>			SSN: _____		Date: _____	
Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>Apt. No.</span> <span>City</span> <span>State</span> <span>ZIP</span> </div>						
Home Telephone: (    ) _____			Daytime Telephone: (    ) _____			
E-mail: _____			Check if under age 18 <input type="checkbox"/>			
Position Applying for: _____					Date Available: _____	
Pay Expected: _____			Available: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary			
Legally Eligible to Work In U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Alien Registration Number: _____			
Previously Employed by Western Concrete? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, name and location of entity and dates worked: _____			

### EDUCATION AND FORMAL TRAINING

School	Name of School City, State	Course of Study	Check Last Year Completed				Graduated?	Diploma, Degree, or Certificate Received?
			1	2	3	4		
High School			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other education, skills, licenses, professional registrations, or qualifications: \_\_\_\_\_

Days/Hours available to work:	How many hours can you work weekly? _____
Times:	Can you work nights/weekends? _____
_____ Mon	_____ Friday
_____ Tue	_____ Sat
_____ Wed	_____ Sun
_____ Thur	_____ No Pref

**EMPLOYMENT HISTORY – THIS SECTION MUST BE ENTIRELY COMPLETED.**

**Below, list ALL paid or unpaid work experience for the past 15 years, beginning with the most current or most recent job.**

Include military experience. Describe each job separately, emphasizing your specific duties and responsibilities including management, supervisory, or other leadership roles. Explain significant breaks in your work experience. If more space is required, attach additional sheets.

Employer:		Dates (mm/dd/yy): From: _____ To: _____	
Address:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Position Held:		May we contact employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for Separation:			
Supervisor's Name:		Telephone Number:	
Starting Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties/Responsibilities:			

Employer:		Dates (mm/dd/yy): From: _____ To: _____	
Address:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
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Address:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Position Held:		May we contact employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Reason for Separation:			
Supervisor's Name:		Telephone Number:	
Starting Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Annually

Duties/Responsibilities:

**HEALTH:**  
 Do you require medications?  
 Are you currently seeking health treatments?  
 Do you have allergies?

**DRIVER'S LICENSE REQUIREMENTS**

Some positions require a valid driver's license.

Driver's License Number:	State of Issue:	Date of Birth:
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Has your driver's license ever been suspended or revoked for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain when, where, and why:
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**CONVICTIONS/CRIMINAL HISTORY/BACKGROUND CHECKS**

Have you ever been convicted of any violation of the law, other than for minor traffic violations? (A DWI/DUI must be listed.)  
 No     Yes    If "Yes", Please explain below.  
*(Disclosing information about convictions will not result in automatic disqualification for consideration for employment.)*

List three references (other than relatives) that have knowledge of your work experience and abilities:

Name:	Phone (   )
Name:	Phone (   )
Name:	Phone (   )

Do you currently have relatives or friends working for Western Concrete?     Yes     No  
 If "Yes," Company:                                      Relationship:                                      Work Location:  
 Would you agree to pre-hiring and random drug testing?     Yes     No

How did you learn of this position?     Newspaper Advertisement     Website     Job Hotline     Friend  
 Employee:      \_\_\_\_\_     Walk-in     Other:      \_\_\_\_\_  
 (Please provide name)                                      (Please specify)

Signature:	Date:
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