

WISCONSIN INTERSTATE CONTRACTING LLC

N3479 County Rd G, Merrill, WI 54452 · (715)539-2029 Office · (715)539-2022 Fax

EXCAVATION • TRUCKING • GUARDRAIL • EROSION CONTROL • RESTORATION • SIGNAGE



APPLICATION FOR EMPLOYMENT

This application is to assist in determining the ability and qualifications of the applicant to perform the work he/she is seeking and is for informational purposes only. No offer of employment is made or intended in by requesting an applicant to complete this form.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name	
Address	City	State	Zip
Home Phone	Cell Phone	Email	

Are you currently a member of any union organization? _____ Yes _____ No
 If yes, Local #: _____

Have you ever been employed with us before? _____ Yes _____ No
 If yes, give date: _____

Do any of your friends or relatives work here? _____ Yes _____ No
 If yes, state name and relationship: _____

Are you prevented from lawfully becoming employed in this country
 Because of Visa or Immigration Status? _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon employment)

Do you have a valid driver's license? _____ Yes _____ No Do you have a valid CDL? _____ Yes _____ No
 If yes, state number: _____
 Class: _____
 Endorsements: _____
 Expiration Date: _____

Wisconsin Interstate Contracting LLC is an Equal Employment Opportunity Employer

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION (Other Qualifications)

Summarize special job-related skills and qualifications from employment of other experience.

SPECIALIZED SKILLS (Skills, Equipment Operated, Years of Experience)

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer and that due to the seasonal nature of construction work, my employment would be temporary and layoffs may occur on short notice.

Signature of Applicant

Date

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, creed, color, national origin, ancestry, age, sex, honesty or genetic testing, disability, arrest or conviction record, sexual orientation, marital status, military service membership, use of lawful products, pregnancy or childbirth, or other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this application data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Referral Source

- Walk-in
- Government Employment Agency
- Private Employment Agency
- Employee
- Relative
- School
- Advertisement-Source _____
- Other _____

Name of Person who referred you (if applicable) _____

Applicant Information

Name _____ Home # _____ Cell # _____

Address _____

STREET

CITY

STATE

ZIP

- Male
- Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin)
- Black (not of Hispanic Origin)
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific

Veteran Status

- Disabled Veteran—A disabled veteran who is capable of performing a particular job with reasonable accommodations for his or her disability.
- Other Protected Veteran—A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. Please list service dates and military campaign(s).

- Armed Forces Service Medal Veteran—A veteran who, while serving on active duty participated in a United States military operation for which an Armed Forces service medal was awarded. Please list service dates and military campaign(s). _____
- Veteran—Please list service dates _____ Honorable Discharge ____ Yes ____ No
- No Military Service

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