

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME			SOCIAL SECURITY NUMBER		
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NO	APARTMENT NO	
IN CASE OF EMERGENCY NOTIFY					
NAME		ADDRESS		PHONE NO.	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO					

LAST

FIRST

MIDDLE

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? * IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> OTHER <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALKED IN <input type="checkbox"/> FRIEND		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED?	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

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	BUSINESS	YEARS ASSOCIATED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE
RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

DATE
OBLIGATION ENDS

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS

HEIGHT _____ feet _____ inches Are you a U.S. citizen? _____ Yes _____ No

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

JOB FUNCTION 1: CONCRETE FINISHER YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

JOB FUNCTION 2: FOREMAN - SUPERVISOR YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

WERE YOU EVER SERIOUSLY INJURED? YES NO GIVE DETAILS

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO DESCRIBE

I understand and agree that I may be required to take one or more physical examination: lie detector test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s) _____ Yes _____ No

I have been advised that lie detector tests as a condition of hiring or continued employment are prohibited by law _____ Yes _____ No

* You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied

AUTHORIZATION

I 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 TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. 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 UNDERSTAND 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 ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED FOR DEPT. POSITION
 SALARY WAGES WILL REPORT

APPROVED: 1. EMPLOYMENT MANAGER DATE
 APPROVED: 2. DEPARTMENT MANAGER DATE
 APPROVED: 3. GENERAL MANAGER DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INQUIRY. TOPS Form No. 3287 Employee's Record File contains a section for this purpose while also serving as a means for up date recording of employment status changes and to hold all employment forms.

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which when asked by the Employer of the Job Applicant may violate State and/or Federal Law.

MARTELL CONSTRUCTION, INC.
GENERAL CONTRACTORS
1220 Hurlbut Street, Green Bay, WI 54303
(920) 468-8071 FAX (920) 468-7475
An Equal Opportunity Employer

Affirmative Action Voluntary Information Form

To be completed by applicant on voluntary basis. Not for interview purposes. To be filed separately from application.

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 applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it 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.

SEX/GENDER (Circle one): Female Male

RACIAL/ETHNIC HERITAGE (Circle only one):

1. Black, not of Hispanic origin: A person having origins in any of the Black racial groups of Africa.
2. Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
3. American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
4. Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
5. White, not of Hispanic Origin: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Name (Please Print): _____

Date: _____

MARTELL CONSTRUCTION, INC.

GENERAL CONTRACTORS

1220 Hurlbut Street, Green Bay, WI 54303

(920) 468-8071 FAX (920) 468-7475

An Equal Opportunity Employer

As Martell Construction, Inc. is a union contractor, if you are interested in employment you should contact any of the unions listed below:

Wisconsin Laborers Union – Local 330

Tony Marcelle, Business Agent

886 W. Airport Road

Menasha, WI 54952

1-866-340-0330

Bricklayers and Allied Craftsmen – Locals 3 – 9 – 11 (Cement Finishers)

Randy Weytens, Business Agent

1570 Elizabeth Street

Green Bay, WI 54302

1-920-437-9311

Carpenter's Union – Local 146

Mike Hendricks, Business Agent

2599 Manitowoc Road

Green Bay, WI 54311

1-920-469-1146

Operating Engineers – Local 539

Shane Greisbach, Business Agent

District D

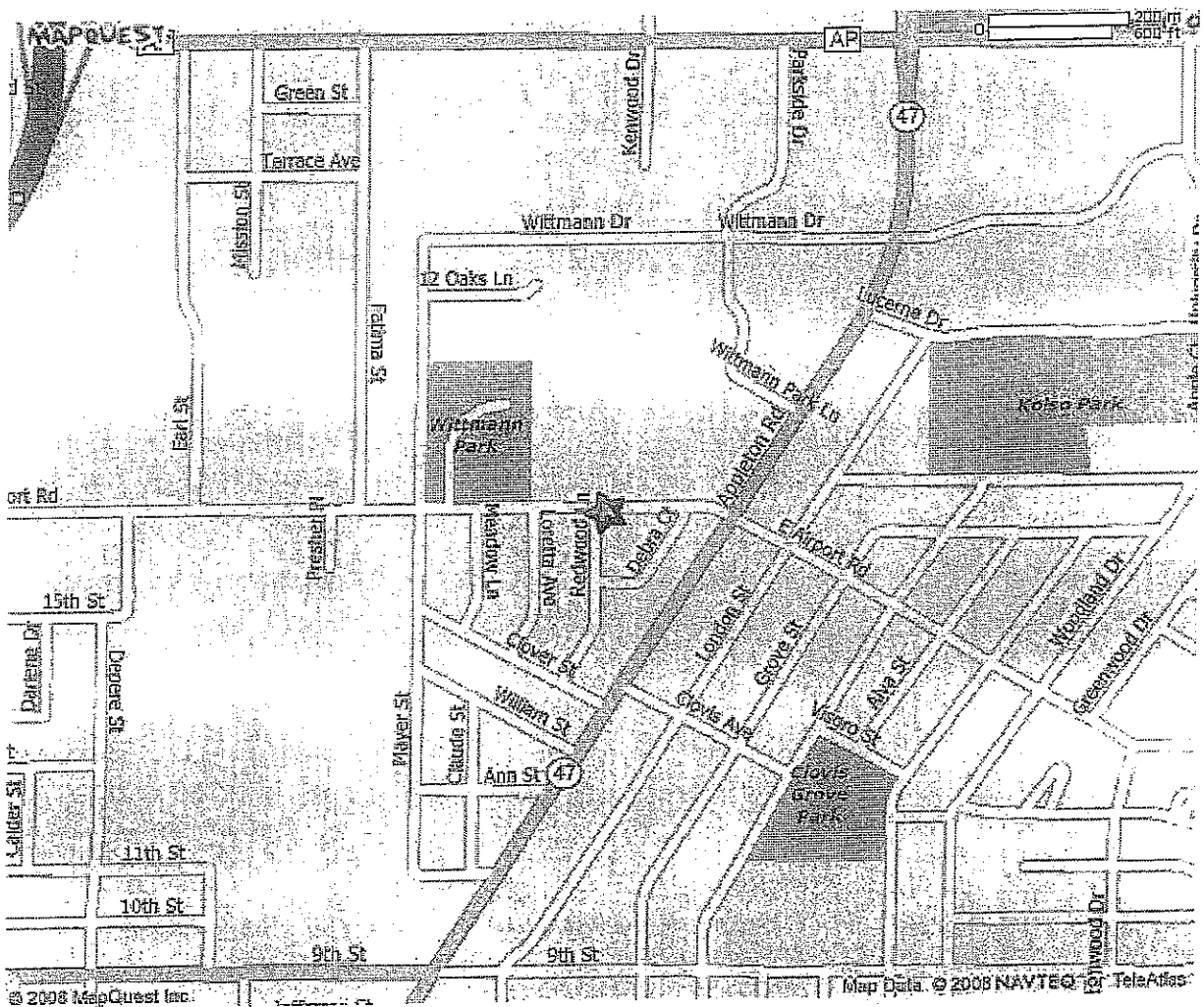
5191A Abitz Road

Appleton, WI 54914-0916

1-800-851-7559 or 920-739-6378



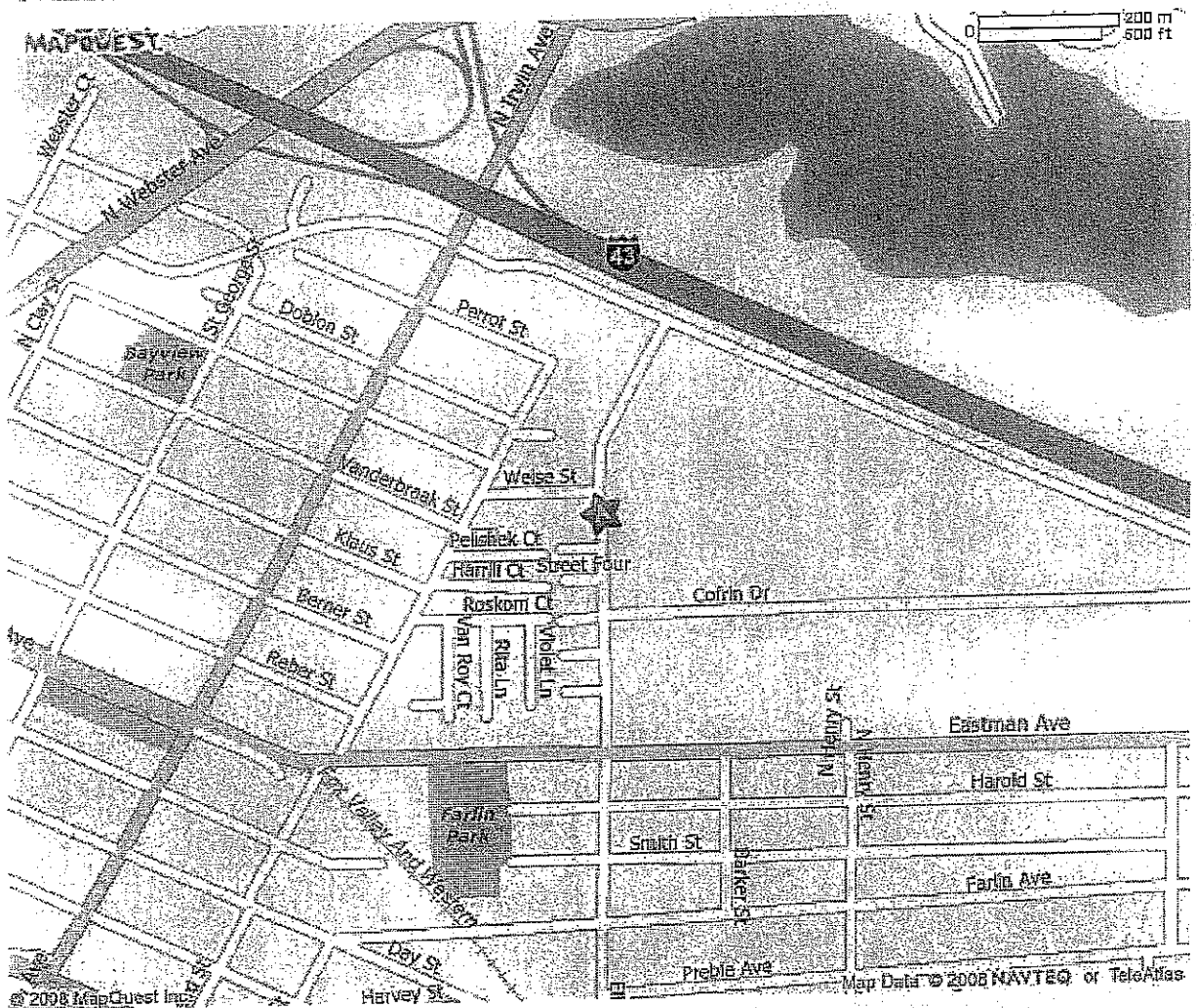
A: 886 W Airport Rd, Menasha, WI 54952-1522



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MAPQUEST.

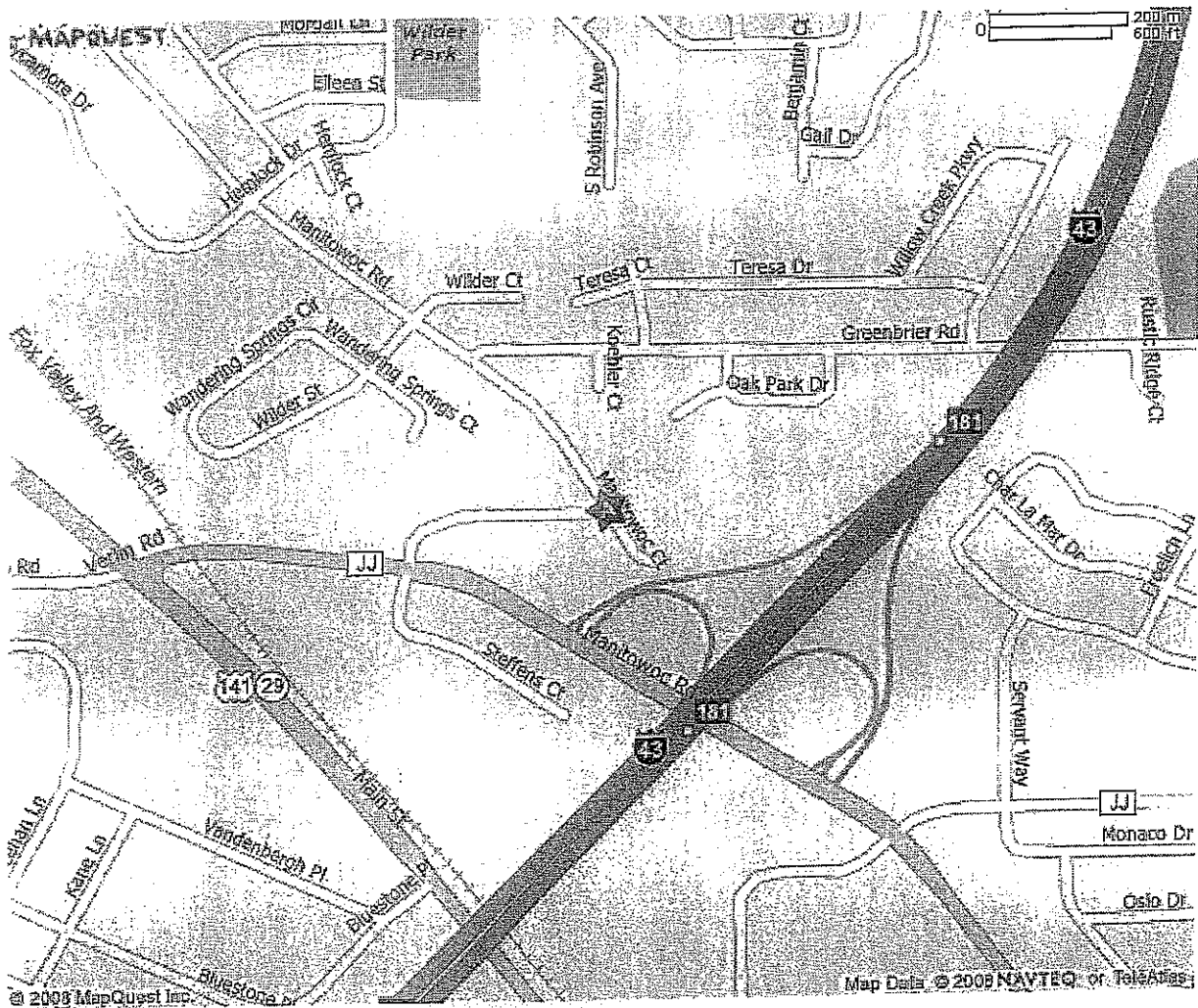
A: 1570 Elizabeth St, Green Bay, WI 54302-2036



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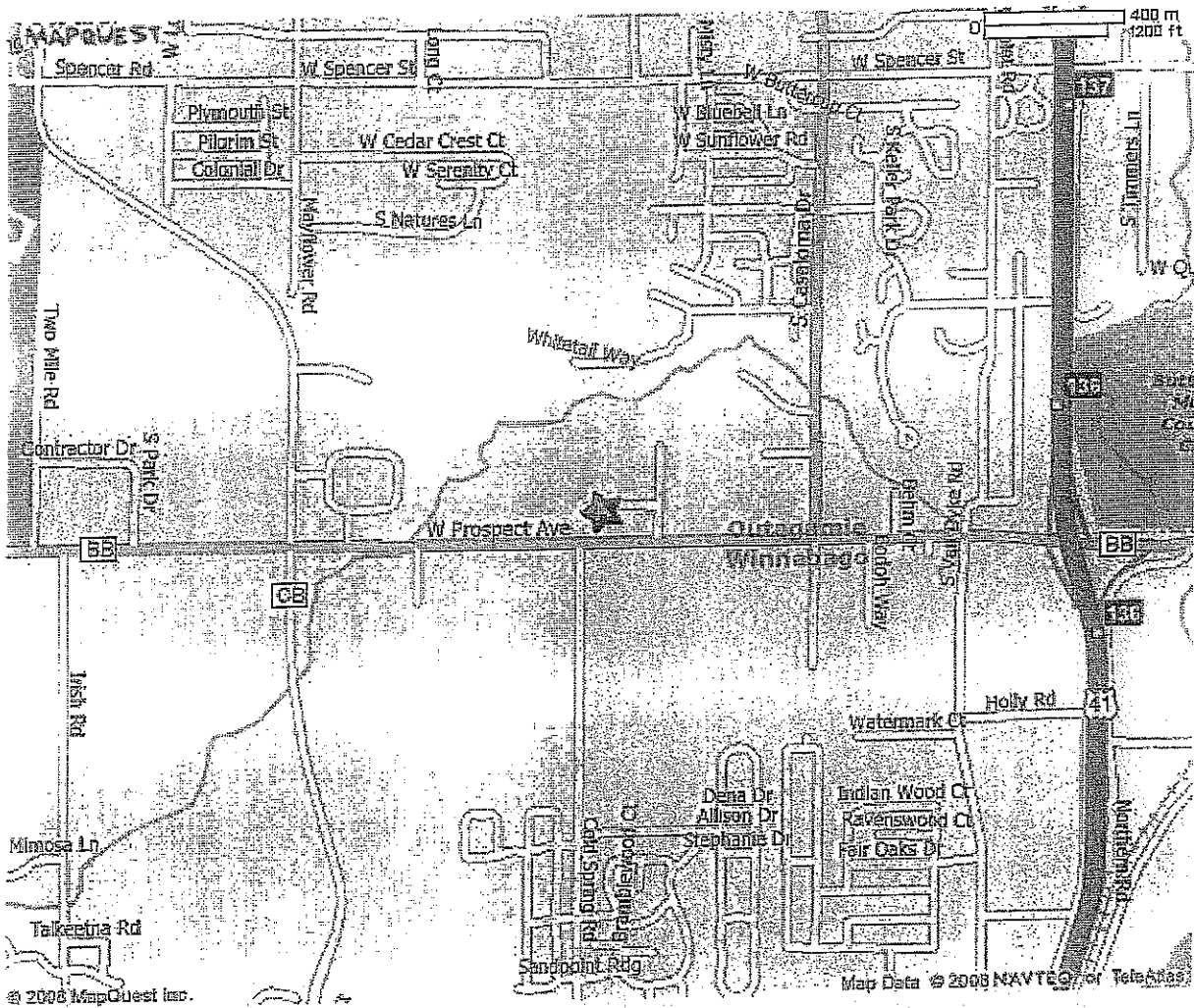
A: 2599 Manitowoc Rd, Green Bay, WI 54311-6571



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A: 5191a Abitz Rd, Appleton, WI 54914-9016



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