

# APPLICATION FOR EMPLOYMENT

Plummer Concrete & Associates, Inc.  
N5235 635th Street  
Ellsworth, WI 54011  
715-273-3481  
plummerconcrete.com

NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

We consider applications for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Advertisement       Relative       Inquiry  
 Employment Agency       Friend       Other \_\_\_\_\_

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	Zip Code	
Telephone Number(s)	E-mail	

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before? .....  Yes  No  
 ..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?.....  Yes  No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

Are you lawfully authorized to work in the United States?.....  Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:       Full-Time      (please indicate 1 2 3 shift)  
     Part-Time      (please indicate Mornings Afternoon Evenings)  
     Temporary      (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



# EMPLOYMENT 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, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

1.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex (including pregnancy, sexual orientation and gender identity), race, color, citizenship status and genetic information, religion, national origin, age, disability or other protected status:

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# 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

