



APPLICATION FOR EMPLOYMENT

**DO NOT ATTACH A RESUME. APPLICATIONS ARE CONSIDERED CURRENT FOR ONLY 30 DAYS
ONLY ORIGINAL APPLICATION FORMS WILL BE ACCEPTED
ELLIS IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

NAME DATE

 LAST FIRST MIDDLE

ADDRESS

 STREET CITY STATE ZIP

PHONE NUMBER DAY: _____
 EVENING: _____

If the job requires the use of a motor vehicle, do you have a valid Wisconsin driver's license? Yes No

If the job desired required the use of a commercial driver's license, do you have a valid commercial drivers license? Yes No

Are you 18 years or older? Yes No

EMPLOYMENT DESIRED CHECK ONE ONLY. FILL OUT A SEPARATE APPLICATION FOR EACH POSITION IF MORE THAN ONE POSITION IS TO BE CONSIDERED.

CARPENTER: HELPER: EQUIPMENT OPERATION: CONCRETE WORK: STEEL ERECTION:
 DATE YOU CAN START SALARY/WAGE RATE DESIRED

EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

EDUCATION	NAME / LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
TRADE / BUSINESS SCHOOL				

Describe any other training you consider relevant to the position for which you are applying.

Describe the kinds of equipment, machines or tools you have used, operated or have been trained to use or operate.

EQUIPMENT OR TOOL	EMPLOYER OR SCHOOL	DATES



WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason for Leaving:	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason for Leaving	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
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Employer	Street Address	
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Employer	Street Address	
Your Title	City, State, Zip	
Your Duties	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason for Leaving	



REFERENCES (PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

Your application will not be processed unless you have read and signed the Authorization, Release and Certification.

AUTHORIZATION, RELEASE AND CERTIFICATION

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that I may be required to submit to a medical examination if offered a position conditioned on such examination. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand this application will be considered inactive after thirty days.

I certify I have read (or have had read to me) and understand this authorization, release and certification.

Dated

Applicant's Name (print)

Applicant's Signature