



Mail to:
 P.O. Box 398
 Lannon, WI 53046

Ph: (414) 530-9041
 Fax: (414) 921-9705
www.ramscontracting.com

APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
 PLEASE TYPE OR PRINT, AND ANSWER ALL QUESTIONS
 APPLICATIONS ARE CONSIDERED CURRENT FOR ONLY 30 DAYS

PERSONAL INFORMATION

NAME				DATE
	LAST	FIRST	MIDDLE	
ADDRESS				
	STREET	CITY	STATE	ZIP
PHONE NUMBER	()	()	()	
	DAY	EVENING	CELL	
ARE YOU 18 YEARS OR OLDER?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the job desired required the use of motor vehicle, do you have a valid Wisconsin driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If the job desired requires the use of a commercial driver's license, do you have a valid commercial driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever pleaded guilty to or been convicted of a misdemeanor or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes, provide further information as to the offense(s), date, location of court, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. Rams Contracting will consider your record only as it may substantially relate to the job for which you are applying.

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY/WAGE RATE DESIRED
EVER APPLIED FOR THIS COMPANY BEFORE?	WHEN?	

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 AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

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

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	
	From (Month & Year)	To (Month & Year)
	Last Rate of Pay	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total time employed	
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Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total time employed	
	From (Month & Year)	To (Month & Year)
	Last Rate of Pay	

REFERENCES (PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

Your application will not be processed unless you have read and signed the following 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 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 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 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 this 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 and for 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 or type) _____

Applicant's Signature _____

EMAIL ADDRESS: _____

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, disability, arrest or conviction record, sexual orientation, marital status, military service membership, use of lawful products, 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.

To be completed by applicant on a voluntary basis. Not for interview purposes.

In an effort to comply with requirements regarding government recordkeeping, 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 will not subject you to any adverse personnel decision or actions. 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

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other |

Name of person who referred you (if applicable) _____

For Administrative Purposes Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of Hire _____

From the EEO job classification listed below, which one best describes the position filled?

- | | | |
|---|--|--|
| <input type="checkbox"/> Officials and Managers | <input type="checkbox"/> Sales | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed By _____ Date _____