

# APPLICATION FOR EMPLOYMENT



**We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any legally protected status.**

**Please note: Any additional information supplied that is not requested within this application will void this application.**

**Application must be filled out in its entirety to be considered for employment.**

<b>Position applied for:</b>	<b>Company:</b>	<b>Date of Application:</b>
Foreperson <input type="checkbox"/>	Elexco <input type="checkbox"/>	20(____)
Crew Leader <input type="checkbox"/>	RRR <input type="checkbox"/>	<b>Language of fluency:</b>
Crew Member <input type="checkbox"/>	I-QUIP <input type="checkbox"/>	English <input type="checkbox"/>
Mechanic <input type="checkbox"/>		Spanish <input type="checkbox"/>
Executive <input type="checkbox"/>		Other <input type="checkbox"/>

*In order to ensure effective processing of applications, applicants must apply for a specific position. If an applicant wishes to apply for more than one position, a separate application should be prepared by the applicant for each position desired. General references, such as "any opening" are not acceptable.*

**How did you learn about us?** Advertisement  Friend  Relative  Other \_\_\_\_\_

Last Name	First Name	Middle Initial
Address	City	State
Zip Code	Telephone Number(s) ( ) ( )	Best time to call?

**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 \_\_\_\_\_

**Are you currently employed?** Yes No

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

**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.*

**Date available for work:** \_\_\_/\_\_\_/\_\_\_ **Are you available for work:** Full time  Part time

**What is your desired salary range?** \_\_\_\_\_

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

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

**Have you been convicted of any driving violation that would affect operation of equipment required for this position?** Yes No

**Have you been convicted of a felony within the last 7 years? (Include Traffic)** Yes No

*Conviction will not necessarily disqualify an applicant from employment.*

**If Yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## EDUCATION

Name & Address	Course of study	Years Completed	Diploma / Degree
High School			
Undergraduate College			
Graduate/Professional			
Other(Specify)			

## 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
Address _____	From            To	_____
Telephone _____	_____	_____
Present Job Title _____	Hourly rate/Salary	_____
Supervisor _____	Starting            Final	_____
Reason for Leaving _____	_____	_____

Employer _____	Dates Employed:	Work Performed
Address _____	From            To	_____
Telephone _____	_____	_____
Present Job Title _____	Hourly rate/Salary	_____
Supervisor _____	Starting            Final	_____
Reason for Leaving _____	_____	_____

Employer _____	Dates Employed:	Work Performed
Address _____	From            To	_____
Telephone _____	_____	_____
Present Job Title _____	Hourly rate/Salary	_____
Supervisor _____	Starting            Final	_____
Reason for Leaving _____	_____	_____

Employer _____	Dates Employed:	Work Performed
Address _____	From            To	_____
Telephone _____	_____	_____
Present Job Title _____	Hourly rate/Salary	_____
Supervisor _____	Starting            Final	_____
Reason for Leaving _____	_____	_____

Comments: Include explanation of any gaps in employment.

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Describe any specialized training.

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Describe any job-related training received in the military.

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

*You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability, or other protected status.*

Additional Information:

Other qualifications: *special job-related skills and qualification acquired from employment or other experience.*

Specialized Skills (Check skills/equipment operated)

<input type="checkbox"/> PC/Windows	<input type="checkbox"/> Experience Operating Heavy Equipment
<input type="checkbox"/> Typewriter	<input type="checkbox"/> CDL License <input type="checkbox"/> Class/Type
<input type="checkbox"/> Word Processor	<input type="checkbox"/> Welding
<input type="checkbox"/> Excel / Word	<input type="checkbox"/> Type _____
<input type="checkbox"/> Timberline	<input type="checkbox"/> Mechanical Experience
<input type="checkbox"/> Basic office Equipment	

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

**NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Personal/Professional References: *Do not include any family members or past supervisors.*

Name: Phone: Best Time to Call: Occupation:

1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

All applications and interview responses must be truthful. Any applicant who makes a false statement on an

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application or in an interview will not be hired. If the false statement is not discovered until after the applicant is hired, the applicant will be subject to immediate discharge.

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 applicants are being accepted at that time. All applications shall be retained for a 1 year period of time.

Only original applications will be accepted to assure that there has been no tampering with the application. No photocopies will be accepted.

All applicants are required to complete applications on site and in the presence of an Elexco employee. Reasonable accommodations will be made for all applicants.

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.

I hereby acknowledge it is a requirement, if hired, to adhere to the Company's drug and alcohol policy. All applicants will be required to pass a drug test and physical screening according to job duties.

I hereby acknowledge it is a requirement, if hired, to adhere to Elexco's employer notification program with WI DMV and maintain an acceptable driving record.

Except for disabled applicants who require a reasonable accommodation, all applications must be personally signed by the applicant and witnessed by an Elexco, Inc. representative in order to assure that the applicant personally verifies all information in the application.

Final offer of employment is contingent upon applicant passing a physical that will be performed and reviewed by a third party Medical Review Officer to ensure that the applicant is able to meet the physical requirements of the job for which they are applying .

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*Signature of Applicant*

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*Date*

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*Signature of Elexco Representative*

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*Date*

# APPLICATION FOR EMPLOYMENT

## MOTOR VEHICLE RECORD AUTHORIZATION FORM

Full name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

I hereby authorize Indiana Insurance Company, Elexo, Rock Removal Resources or Innovator's Equipment Inc. to obtain all information as it pertains to my motor vehicle driving record.

DOB: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date