



APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Please type or print, and answer all questions.

APPLICATIONS ARE CONSIDERED CURRENT FOR ONLY 30 DAYS.

ONLY ORIGINAL APPLICATION FORMS WILL BE ACCEPTED.

PERSONAL INFORMATION

NAME: _____ DATE: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: DAY: () EVENING: ()

Are you 18 years or older? YES NO

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? YES NO

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

If the job desired requires the use of a commercial driver's license, do you have a valid commercial driver's license? YES NO

Driver's License Number: _____ State: _____ Expiration Date: _____

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? YES NO

If yes, provide further information as to the offense(s), date, location of court, etc. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. The employer will consider your record only as it may substantially relate to the job for which you are applying. Attach additional sheets if necessary. _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY/WAGE RATE DESIRED: _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO IF SO, 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	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
TRADE OR BUSINESS SCHOOL			YES NO	

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

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?	YES	NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES	NO
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Employer	Street Address		
Your Title	City, State and ZIP		
Your Duties	Telephone	Name of Supervisor	
	Total Time Employed	Last Rate of Pay	
	From (Month and Year)	To (Month and Year)	
	Reason for Leaving		

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

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

WORK EXPERIENCE/FORMER EMPLOYERS (CONTINUED)

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

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

REFERENCES (PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS OR OCCUPATION	YEARS ACQUAINTED

NOTE: Your application will not be processed unless you have read and signed the Authorization, Release and Certification on Page 4.

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 if offered a position, I will be required to pass a drug test as part of the application process, and that all offers of hire are contingent upon satisfactory results of a drug screen test. I understand that, if hired, I may be required to submit to drug and alcohol screening tests to determine compliance with the company's drug and alcohol policy. I understand that I also may be required to submit to a medical examination if offered a position conditioned on such examination.

I understand this application will be considered inactive after thirty (30) days.

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

APPLICANT'S
SIGNATURE:

APPLICANT'S NAME
(PRINT OR TYPE):

DATE SIGNED:

Name: _____ Date: _____

The Purpose of this form is to determine the level of your experience in the various skills used in our particular business.

Please rate your ability in the following area using the following numerical description:

0 – No experience or training

1 – Limited experience and/or training

2 – Some training and/or moderate experience

3 – Professional training and/or experience and have professional proficiency

Also, please check those items, on the left side, about which you would like to learn more.

OFFICE

_____ Use of computers - *List software programs you are proficient with:* _____

_____ Designing of additions or other remodeling, or new structures

_____ Drafting

_____ Blueprint reading

_____ Engineering: structural, mechanical, civil, or electrical

LAYOUT

_____ Use of water level

_____ Use of transit

_____ Use of laser

DEMOLITION

_____ Demolition of bearing structural components

_____ Demolition of flat concrete

_____ Demolition of concrete block

MASONRY/CONCRETE

_____ Concrete: footings, foundation walls, flat work, or monolithic pours

_____ Block laying

_____ Brick laying

_____ Concrete tie beams and their forming

_____ Textured, patterned or stamped concrete flat work such as Spray Crete or Bomanite

_____ Concrete staining

_____ Power trowels

_____ Stucco

SIDING

_____ Steel

_____ Aluminum

_____ Vinyl

_____ Cedar, redwood, or hard board

_____ T-111

_____ Vinyl or aluminum fascia/soffit

METAL

- _____ Coil wrap and bending with a brake
- _____ Metal buildings
- _____ Metal pan roofs
- _____ Carports

PLUMBING

- _____ Basic: remove and replace toilets, faucets, or disposals
- _____ Advanced: replacement of tubs, showers, shower pan liners, or water heaters
- _____ Plumbing lines: copper, galvanized, PVC, or compression
- _____ Underground sprinkler systems: distribution boxes, pumps, valves, or heads

ELECTRICAL & LIGHTING

- _____ Service panels and main entry lines
- _____ Switches and receptacles
- _____ 220v of the above
- _____ Can and track lighting
- _____ Halogen lighting
- _____ Water heater timers/lighting timers
- _____ Telephone wiring
- _____ Audio/video wiring
- _____ Low voltage wiring
- _____ T.V. cable wiring

HVAC

- _____ Ductwork
- _____ Replacement of thermostats and humidistats

TILE

- _____ Ceramic or mosaic (walls, floors, ceiling, countertops)
- _____ Marble or stone
- _____ Ceiling tile: suspended, or 12" x 12"

FLOORING

- _____ Vinyl sheet goods
- _____ Hardwood and parquet
- _____ Carpeting

PAINTING & WALLPAPER

- _____ Wallpaper installation
- _____ Wallpaper removal
- _____ Interior and exterior painting
- _____ Conventional spraying
- _____ HVLP spraying
- _____ Acoustic or texture spraying
- _____ Spray painting of cabinetry

_____ Use with lacquer coatings

_____ Proficiency at cutting

CARPENTRY – ROUGH

_____ Wall framing

_____ Conventional framing: shed, gable, or dormer

_____ Conventional framing: complex hip

_____ Floor framing: TJI joists, or LVL beams

_____ Simple stair framing: conventional straight runs

_____ Complex stair framing: landing(s), curved, narrowing or expanding

_____ Overhead garage door

_____ Panelized construction (setting pre-built walls, floors & roofs)

_____ Roof truss layout & erection

_____ Window & door installation

CARPENTRY- TRIM

_____ Casing and baseboard

_____ Crown molding including multi member crown

_____ Pre-hung doors

_____ Closet shelving – both wire and laminated types

_____ Skylights

_____ Wood railings – interior

_____ Deck construction

WINDOWS

_____ Aluminum clad & vinyl installation

_____ Same as above – replacement

_____ Aluminum installation in masonry construction – new

_____ Same as above – replacement

_____ Sash replacement

ROOFING

_____ Repairs only: *Underline type(s):* asphalt/fiberglass/barrel tile/concrete tile/metal

_____ Complete roofing - *List types of the above:* _____

Roofing ventilation: *Underline type(s):* gable end vents, turbo vents, ridge vents, or soffit vents

DRYWALL

_____ Hanging and finishing

_____ Texturing: *Underline type(s):* skip trowel, popcorn, knock down, or pebble effect

_____ Repairs of drywall only including finishing

COUNTERTOPS

_____ Laminated

_____ Corian or granite (*Underline type*)

_____ Working with laminate

CABINETRY

- _____Cabinetry installation – both manufactured and custom
- _____Cabinet making experience
- _____Cabinet refacing

MISCELLANEOUS

- _____Tub/shower doors installation
- _____Tub/shower enclosures such as fiberglass units – one and multi piece
- _____Installing bathroom accessories
- _____Prefabricated fireplace installation
- _____Fencing: *Underline type(s)*: chain link, wood, plastic, or concrete

MANAGEMENT SKILLS

- _____Supervisor experience
- _____Scheduling experience
- _____Project management experience
- _____Managing, scheduling and supervising subcontractors and suppliers
- _____Financials of projects: change orders and obtaining monies from owners

Signature of Applicant

Date

MATH SKILLS

As an applicant desiring employment with Altmann Construction Co. Inc., or LA Trucking Inc, you are required to read and complete the following math equations. This is to assess your math skills and is not a pass/fail. Calculators are not allowed.

1. $4/8 + 7/8 + 3/4 =$ _____
2. $3/16 + 3/8 + 1/4 =$ _____
3. $1 \frac{1}{2} - 1/4 - 7/16 =$ _____
4. $128 \div 7 =$ _____
5. $88 \times 11 =$ _____
6. Convert $1/4"$ to decimal _____
7. Convert .375 to fraction _____
8. $120 + 14 - 8 =$ _____
9. $4 \div 6 =$ _____
10. $21.46 \times 10 \times 7 =$ _____
11. $.8 \times 12.5 =$ _____
12. $1/2 \times 1/5 =$ _____

ALTMANN CONSTRUCTION COMPANY, INC.
APPLICANT DRUG TEST CONSENT AND RELEASE FORM

As an applicant desiring employment with Altmann Construction Company, Inc., **you are required to read and sign this form.** Failure to sign will result in your being barred from further consideration for employment with this company.

Altmann Construction Company, Inc. is firmly committed to maintaining a drug-free work place and has a responsibility to provide a safe work environment for employees and to prevent injuries to the general public. Therefore, reporting to work under the influence of or working while impaired by alcohol or unprescribed or illegal narcotics or drugs, or using, possessing, selling, buying or transferring unprescribed or illegal narcotics, drugs, or alcohol on company premises, is prohibited. Further, using, possessing, selling, buying or transferring unprescribed or illegal narcotics or drugs off company premises is prohibited.

Consistent with our objective to maintain a drug-free workplace, we require all applicants accepted for employment to pass a drug test as part of our application process. All offers of employment are contingent upon satisfactory results of a drug screening test. You must satisfactorily pass the Company's **DRUG SCREEN TEST**. If you are hired by Altmann Construction, Inc., You may be required from time to time to submit to drug and alcohol screening tests to determine compliance with the Company's policy to provide a drug-free workplace. Cooperation in submitting to such tests is a condition of employment, and failure to cooperate will be grounds for immediate termination. Please read the following instructions and information carefully.

Notice:

A confirmation drug test using an alternative testing method will be performed on samples that test positive. **IN THE EVENT BOTH TESTS ARE POSITIVE, THE APPLICANT MAY BE REMOVED FROM FURTHER CONSIDERATION FOR EMPLOYMENT FOR SIX (6) MONTHS. HOWEVER, THE APPLICANT MAY EXPLAIN THE PRESENCE OF ANY DRUG AND PROVIDE APPROPRIATE SUBSTANTIATION.**

Applicant:

I have read and understand this requirement. I accept the conditions for consideration of employment and, if employed, as a condition of continued employment. I consent to the requirements of the drug screen test. The testing agency is authorized by me to provide the results of such tests to the Company. I understand that the results of such test will remain the property of Altmann Construction Company, Inc. and will not be used for any unauthorized purpose. I further agree to hold the testing company and/or Altmann Construction Company, Inc., its agents, directors, officers and employees harmless from any and all liability in connection with such tests. I understand that all employment with the Company is at-will and that nothing in this Consent constitutes a guarantee of or creates a contract of employment.

Applicant Signature	Date
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Witness Signature **Date**

Print Name
Date

Print Name
Date

I refuse to give my consent, and I refuse to be tested. I understand this means I am barred from further consideration for employment with Altmann Construction Company, Inc.

Applicant Signature	Date
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Witness Signature _____ **Date** _____

EMPLOYEE and EMPLOYEE CANDIDATE
AUTHORIZATION FOR MVR REVIEW

As a driver of a company vehicle I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

check one that applies:

☐ EMPLOYEE

I also understand that as a condition of my employment, my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

☐ EMPLOYEE CANDIDATE

I also understand that as a condition of possible employment, this company will obtain my Motor Vehicle Record to determine eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be obtained on me and, if hired, that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize this company or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an Employee or Employee Candidate and may only be rescinded in writing.

PRINT NAME - EMPLOYEE CANDIDATE or EMPLOYEE

DRIVER'S LICENSE NUMBER

SIGNATURE - EMPLOYEE CANDIDATE or EMPLOYEE

DATE

AUTHORIZED REVIEWER'S SIGNATURE

DATE

(Sign and retain the original copy in the employee/candidate's file)

ALTMANN CONSTRUCTION COMPANY, INC.

Pre-Employment Information

This form and information will be kept in a confidential file separate from the application for employment and will not be considered when considering you for employment. This form is used to help us monitor the success of our Affirmative Action Plan and to comply with the state and federal equal employment opportunity record keeping and reporting requirements. Please answer all questions below. Completion of this form is voluntary. This information is not a requirement for employment and will not be a factor in the decision to hire.

Name: _____
Last First Middle

Date of application: _____

Position(s) applied for: _____

Race/Ethnic Group: _____ White _____ Hispanic _____ Black
_____ American Indian/Alaskan Native
_____ Asian/Pacific Islander _____ Other

Sex: _____ Female _____ Male

Referral Source: _____ Government Agency _____ Internet
_____ Advertisement _____ Employment Service
_____ Employee (employee name) _____
_____ Other (state source) _____

Signature _____ Date _____

Altmann Construction Company, Inc. is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, religion, age, handicap, veteran or disabled veteran status, national origin, sex or any other basis prohibited by applicable local, state or federal fair employment laws or regulations.