

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 INFORM	MATION			
NAME:		DAT	TE:	
LAST	FIRST MIL	DDLE		
ADDRESS:	STREET	OVENY		STATE ZIP
	STREET	CITY		STATE ZIP
TELEPHONE: DAY: ()	EVE	ENING: ()	
Are you 18 years or older?				YES NO
Are you a U.S. citizen or other	wise currently authorized to obtain lawful	employment in this c	ountry?	YES NO
If the job desired requires the u	se of a motor vehicle, do you have a valid	l Wisconsin driver's li	cense?	YES NO
If the job desired requires the u	se of a commercial driver's license, do yo	u have a valid comme	rcial driver's license?	YES NO
If yes, provide further informat	o or been convicted of a misdemeanor or find as to the offense(s), date, location of ce employer will consider your record only a if necessary.	court, etc. If the job ye	ou are applying for require	es you to operate a motor vehicle,
EMPLOYMENT DES	SIRED			
POSITION:	DATE YOU CAN START:		SALARY/WAGE RATE DESIRED:	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFOR	E? YES NO		IF SO, WHEN?	
EDUCATION AND T (This information will be used	only where relevant and to assist in determ	mining what positions	might be appropriate for c	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	a consider relevant to the position for which	ch you are applying , I	Jse extra space on last paş	ge to continue if necessary.
WORK EXPERIENC	E/FORMER EMPLOYERS			
	Be specific. Start with your current or mours per month. Show any changes in job	title for the same emp	loyer as a separate positio	
ARE YOU EMPLOYED NOW	V? YES NO		WE INQUIRE OF ENT EMPLOYER?	YES NO

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)(mm/yy)	To (Month and Year) (mm/yy)
	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
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	Total Time Employed	Last Rate of Pay
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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)(mm/yy)	To (Month and Year) (mm/yy)
	Reason for Leaving	

(Continued on next page.)

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)(mm/yy)	To (Month and Year)(mm/yy)
	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 <u>not</u> 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. If pre-employment drug test results are positive or if you refuse to take a pre-employment drug test, your name may be submitted to the State of Wisconsin Department of Workforce Development. 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:	

ADDITIONAL INFORMATION
Misdemeanors or Felonies:
viisuemeanors or retoines.
Relevant Training:
g.
Previous Employment:

Name: Date:	-
The Purpose of this form is to determine the level of your experience in the various skills used in oparticular business.	ur
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	

MET.	ΔL
	_Coil wrap and bending with a brake
	_Metal buildings
	_Metal pan roofs
	_Carports
PLUM	<u>IBING</u>
	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
ELEC	TRICAL & 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"
FLOO	PRING
	_Vinyl sheet goods
	_Hardwood and parquet
	_Carpeting
PAIN	ΓING & WALLPAPER
	Wallpaper installation
	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: <i>Underline type(s)</i> : asphalt/fiberglass/barrel tile/concrete tile/metal
Complete roofing - List types of the above:
Roofing ventilation: <i>Underline type(s)</i> : gable end vents, turbo vents, ridge vents, or soffit vent
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: <i>Underline type(s):</i> 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
lignature 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.
$$4/8 + 7/8 + \frac{3}{4} =$$

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 pre-employment drug screen test results are positive, or if you refuse to take a pre-employment drug test, your name may be submitted to the State of Wisconsin Department of Workforce Development. If you are hired by Altmann Construction Company, 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:

Applicant Signature

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 withy 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	Witness Signature	Date
Print Name	Date	Print Name	Date
2 ,	*	understand that this means I am barred fundany, Inc. I also understand that by refus	
- ·		of Wisconsin Department of Workforce I	•

Witness Signature

Date

Date

ALTMANN CONSTRUCTION CO., INC. AND LA TRUCKING, INC. COMMERCIAL DRIVER'S LICENSE DRUG AND ALCOHOL CLEARINGHOUSE CONSENT FORM

In accordance with federal regulations set forth at 49 C.F.R. § 382.703(a), I hereby consent to Altmann Construction Company, Inc. and/or LA Trucking, Inc. submitting either a full or limited query to the Drug and Alcohol Clearinghouse for the purpose of verifying my eligibility to operate a commercial motor vehicle.

I further agree to provide electronic consent through the Clearinghouse to allow the Clearinghouse to release to Altmann Construction Company, Inc. or LA Trucking, Inc. such information as is responsive to the query.

This consent shall remain valid unless and until revoked, in writing, by me.

Signature		
Name (please print)		
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 or 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 determined 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 o 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 (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.

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.