

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

**APPLICATION FOR EMPLOYMENT**

**please complete pages 1-6 Date**

Name

 *Last First Middle Maiden*

Present Address

 *Number Street City State Zip*

How long? DOB Social Security Number

Home Phone Cell Phone If under 18, please list age

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position applied for

How soon could you accept employment if offered?

**Have you ever completed an application, or worked for this company before? Yes No**

If yes, please give date(s) and for which position(s)

Have you ever been employed by this company before? Yes No

If yes, please give date(s) and for which position(s)

AT ANY PREVIOUS EMPLOYMENT, HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED FOR ABSENTEEISM,
TARDINESS, FAILURE TO NOTIFY YOUR COMPANY WHEN ABSENT OR ANY OTHER ATTENDANCE RELATED PROBLEM? YES NO

AT ANY PREVIOUS EMPLOYMENT, HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED FOR THEFT,
UNAUTHORIZED REMOVAL OF COMPANY PROPERTY, OR RELATED OFFENSES? YES NO

AT ANY PREVIOUS EMPLOYMENT, HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED FOR FIGHTING, ASSAULT,OR RELATED OFFENSES? YES NO

AT ANY PREVIOUS EMPLOYMENT, HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED FOR BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, FOR THEIR POSSESSION, USE, OR UNWILLINGNESS TO TAKE OR ABILITY TO PASS A DRUG OR ALCOHOL TEST? YES NO

AT ANY PREVIOUS EMPLOYMENT, HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED FOR INSUBORDINATION? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

Do you have a reliable means of transportation to work?

Driver’s License

Number State of Issuance Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? How many?

Have you had any moving violations during the past three years? How many?

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| --- | --- | --- | --- | --- |
| **TYPE OF SCHOOL** | **NAME OF SCHOOL** | **LOCATION**(complete mailing address) | **# of YEARS COMPLETED** | **MAJOR & DEGREE** |
| High School |  |  |  |  |
| College |  |  |  |  |
| Bus or Trade School |  |  |  |  |
| Professional School |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |

**REFERENCES**

Please list two references other than relatives or previous employers.

Name Name

Position Position

Company Company

Address Address

Telephone Telephone

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| --- |
| Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. |

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD YES NO

Specialty Date Entered Discharge Date\*

***\*Please attach a copy of your DD 214. Note: Less than an honorable discharges noted in the DD 214 are not an automatic or absolute bar to employment and will be considered only where the circumstances of the less-than-honorable discharge substantially relate to the circumstances of the position sought.***

**WORK EXPERIENCE**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

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| --- | --- | --- | --- |
| Name of employer:Address:City, State, Zip:Phone Number: | **Name of last supervisor** | **Employment Dates**FromTo | **Pay or salary**StartFinal |
| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |
|  |

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| --- | --- | --- | --- |
| Name of employer:Address:City, State, Zip:Phone Number: | **Name of last supervisor** | **Employment Dates**FromTo | **Pay or salary**StartFinal |
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| Reason for leaving (be specific) |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |

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

**Did you complete the application yourself? Yes No**

If not, who did?

**If hired, will you be able to work overtime? Yes No**

**Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodations? Yes No**

If “no” describe the functions that cannot be performed.

NOTE: This Company complies with the Americans with Disabilities Act and will consider reasonable accommodations that may be necessary for eligible applicants/employees to perform essential job functions.

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| **AGREEMENT(PLEASE READ CAREFULLY BEFORE SIGNING)** |
| I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment. I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Balestrieri Environmental & Development, Inc. (“Balestrieri”) creates an actual or implied contract of employment. I understand that, if offered employment with Balestrieri, it will be on an at-will basis. This means that either Balestrieri or I have the right to terminate the employment relationship at any time, for any or no reason, with or without cause.I understand that the information gathered in this application, including the background investigation outlined below, may be released to a third party client, if said client requires criminal background information on those employees who may be working on their premises.I agree to submit to drug and alcohol testing, when requested by Balestrieri. I release Balestrieri and officers, directors, employees, agents and shareholders, from any and all liability arising out of or related in any way to such testing. I authorize Balestrieri to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment including the successful completion of the following background checks:1. Employment Eligibility Verification (Form I-9)
2. WI Department of Justice Criminal Background Check
3. WI Circuit Court (CCAP) Background Check
4. WI Department of Transportation Records Check (I agree to provide a copy of my state issued drivers license)
5. WI Sexual Offender List Check
6. US Department of State – Terrorist List
7. US National Archives & Records Administration DD Form 214 (for ex-military applicants)

I release Balestrieri and its officers, directors, employees, agents and shareholders from all liability arising from such investigation. I hereby acknowledge that I have read, understood and agree to the above. I further understand and agree that this application will remain active for sixty (60) days, and that if I am hired within this period, the application will be transferred to my individual personnel file. If I am not hired or have not heard from Balestrieri within 60 days, this application will no longer be active and I will need to reapply for employment if I wish to be considered for a position with the company. |
| *Signature of Applicant* | *Date* |
| **ATTACHMENT: Disclosure and Consent for Background Release** |

*Balestrieri is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, gender identity/expression, national origin, citizenship, age, disability, veteran or other protected status. We assure you that your opportunity for employment with Balestrieri depends solely on your qualifications.*

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