



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? \_\_\_\_\_

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 \_\_\_\_\_

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.

Name of employer:  Address:  City, State, Zip:  Phone Number:	<b>Name of last supervisor</b>	<b>Employment Dates</b>  From  To	<b>Pay or salary</b>  Start  Final
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.			
Name of employer:  Address:  City, State, Zip:  Phone Number:	<b>Name of last supervisor</b>	<b>Employment Dates</b>  From  To	<b>Pay or salary</b>  Start  Final
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Name of employer:  Address:  City, State, Zip:  Phone Number:	<b>Name of last supervisor</b>	<b>Employment Dates</b>  From  To	<b>Pay or salary</b>  Start  Final

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.

	Name of last supervisor	Employment Dates	Pay or salary
Name of employer:		From	Start
Address:		To	Final
City, State, Zip:			
Phone Number:			
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.

# 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.

<i>Signature of Applicant</i>	<i>Date</i>
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**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.*

