

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE
APPLICANTS WILL BE
TESTED FOR ILLEGAL
DRUGS

## **APPLICATION FOR EMPLOYMENT**

PLEASE COMPLETE PAGES 1-6 DATE					
Name	First	Middle		Maiden	
	Filst	Middle		Malderi	
Present Address	eet	City	State	Zip	
How long?	DOB	Soc	ial Security N	umber	
Home Phone	Cell Phone	l	f under 18, ple	ease list age	
Position applied for					
How soon could you accept employ	ment if offered?				
Have you ever completed an app	lication, or worked for t	his company befor	e? Yes	No	
If you place give data(s) and for u	which position(s)				
If yes, please give date(s) and for w	mich position(s)				•
Have you ever been employed by the	his company before?		Yes	No	
If yes, please give date(s) and for w	hich position(s)				4,
HAVE YOU EVER BEEN DISCIPLI					
TARDINESS, FAILURE TO NOTIF' OTHER ATTENDANCE RELATED				YES	NO
HAVE YOU EVER BEEN DISCIPLI				\/=0	
UNAUTHORIZED REMOVAL OF C	OMPANY PROPERTY, (	OR RELATED OFFE	:NSES?	YES	NO
HAVE YOU EVER BEEN DISCIPLI OR RELATED OFFENSES?	NED OR DISCHARGED	FOR FIGHTING, AS	SSAULT,	YES	NO
HAVE YOU EVER BEEN DISCIPLI INFLUENCE OF ALCOHOL OR DF					
UNWILLINGNESS TO TAKE OR A				YES	NO
HAVE YOU EVER BEEN DISCIPLI	NED OR DISCHARGED	FOR INSUBORDINA	ATION?	YES	NO
ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES				NO	

HAVE YOU EVER BEE	N CONVICTED OF A C	RIME?		YES	NO
was/were committed, so	entence(s) imposed and	f offense(s) leading to convi type(s) of rehabilitation. NC the circumstances of the co	TE: Convictions are n	ot an automatic	bar to
				1.0	
		LEASED ON YOUR OWN		YES	NO
If yes, please explain					
What is your means of Please attach a copy of	transportation to work? _ your current automobile	insurance policy coverage.	•		
Driver's License Number		State of Issuance	Operator    © Comme	ercial (CDL) ⑥ C	hauffeur
Have you had any accid	dents during the past thre	ee years?	How many?		
Have you had any mov	ing violations during the	past three years?	How many?		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	# of YEARS COMPLETED	MAJOR & I	DEGREE
High School					
College					
Bus or Trade School					
Professional School					
Other					
REFERENCES Please list two reference	es other than relatives o	r previous employers.			
Name		Name			
Position					
Company		Company			
Address		Address			
Telephone		Telephone			

Use the space below to summarize any additional information nece position for which you are applying.	ssary to describe	e your full qualifi	cations for the specific
MILITARY			
	-0 NO		
HAVE YOU EVER BEEN IN THE ARMED FORCES?YE			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARDYE	SNO		
SpecialtyDate Entered		Discharge	Date* a copy of your DD 214.
WORK EXPERIENCE		7 70400 4114017	а сору с. уси. 22 2
Please list your work experience for the past five years beginning we employed, give firm name. Attach additional sheets if necessary.	rith your most red	cent job held. If	you were self-
	Name of last supervisor	Employment Dates	Pay or salary
Name of employer:		From	Start
Address:		То	Final
City, State, Zip:			
Phone Number:			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advethis company.	ancements or pr	omotions while y	ou worked at
	Name of last supervisor	Employment Dates	Pay or salary
Name of employer:		From	Start
Address:		То	Final
City, State, Zip:			
Phone Number:			
Reason for leaving (be specific)			

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REV: 02/16

List the jobs you held, duties performed, skills used on this company.	or learned, ad	vancements or pr	omotions while y	ou worked at
		Name of last supervisor	Employment Dates	Pay or salary
Name of employer:			From	Start
Address:			То	Final
City, State, Zip:				
Phone Number:				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used on this company.	л теагнец, ас	уапостисть ог рг	omotions write y	ou worked at
		Name of last supervisor	Employment Dates	Pay or salary
Name of employer:			From	Start
Address:			То	Final
City, State, Zip:				
Phone Number:				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used on this company.	or learned, ac	lvancements or pr	romotions while y	you worked at
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 function reasonable accommodations?		sition you are applying for with or without  No
If "no" describe the functions that cannot be performed.		
NOTE: This Company complies with the Americans with that may be necessary for eligible applicants/employees		

## **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 its employees, plus other persons or companies, 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.

