

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Self-Identification Form

Poblocki Paving Corp. must report Affirmative Action statistics to various governmental agencies on a yearly basis. **The following information is voluntary** and allows us to meet government reporting requirements and evaluate the effectiveness of our recruitment efforts. This information will be kept confidential and when reported, data will not identify any specific individuals. Refusal to provide this information will not subject you to any adverse treatment in accordance with Poblocki Paving Corp. policies, which forbid discrimination based on this information.

Last name (print clearly) _____ First name _____ Middle name _____ Date _____

Application for position of: _____ Department/Division: _____

VETERAN STATUS: (please check one)

- Non Veteran Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached)
 Veteran (DD214 Form must be attached) Other (specify service dates): _____

ETHNICITY: (SELECT ONE)

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

RACE: (SELECT ONE OR MORE)

- American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 Black or African American - A person having origins in any of the Black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

GENDER: Male Female

DATE OF BIRTH: _____ / _____ / _____
Month Day Year

If you should become a finalist in the hiring process, Poblocki Paving Corp. will require your date of birth. This information is intended for the sole use of a background investigation process for candidates.

SOCIAL SECURITY NUMBER: _____

The provision of your social security number is not mandatory. It will be used only for applicant tracking purposes. If you choose not to provide your SS# at this time, the Human Resources Department will provide you an arbitrary nine-digit number.

DISABILITY: Do you have a disability? Yes No

A person with a disability is anyone who meets the definition under either the Americans With Disabilities Act or the Wisconsin Fair Employment Act. For more information, go to the U. S. Government website at <http://www.eeoc.gov/index.cfm>.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify the Poblocki Paving Corp. Human Resources Representative at (414) 476-9130 or via e-mail to info@poblockipaving.com

I need an accommodation in the hiring/examination process: Yes No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other): _____

**You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.

How did you learn of this vacancy?
