

**This Organization
Participates in E-Verify**

**Esta Organización
Participa en E-Verify**



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781
dhs.gov/e-verify



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English / Spanish Poster

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. HOME () -	REFERRED BY:		
CELL () -	EMAIL ADDRESS:		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	WAGE / SALARY DESIRED \$ /	
ARE YOU CURRENTLY 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		
HAVE YOU 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 IF APPLICABLE

Subjects of special study/research work or special training skills:

U.S. MILITARY SERVICE Y N		BRANCH:	RANK:
DRIVERS LICENSE: Y N		#	EXPIRATION DATE:

FORMER EMPLOYERS - LIST BELOW LAST FOUR EMPLOYERS BEGINNING WITH THE LAST EMPLOYER FIRST

DATE/MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	PAY RATE	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

POBLOCKI PAVING CORPORATION - AN AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
FEMALES AND MINORITIES ARE ENCOURAGED TO APPLY - 100% EMPLOYEE OWNED

CONTINUED ON OTHER SIDE

REFERENCES

Provide information below for three persons (not related to you) whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS		
NEATNESS		CHARACTER
PERSONALITY		ABILITY
HIRED ON / /	FOR DEPT.	POSITION
WILL REPORT ON / /	PAY RATE \$ /	

HIRE APPROVED BY: _____



POBLOCKI PAVING CORP.

P.O. Box 13456
Wauwatosa, WI 53213-0456

MADISON
(608) 221-8680
Fax: (414) 476-8132

MILWAUKEE
(414) 476-9130
Fax: (414) 476-9132

RACINE
(262) 633-1105
Fax: (414) 476-9132

Authorization to Release Driving Record Information

I, the undersigned, authorize Poblocki Paving Corp to obtain my driving record from the applicable Department of Motor Vehicles for the purposes of driver and vehicle safety. This release shall remain in effect for the term of my employment at Poblocki Paving Corp.

Name (Print)

Driver License Number

Signature

Date

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 (DD214 Form must be attached)
 Veteran claiming disability (DD214 Form and Veterans Disability 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

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.

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.

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

Do you 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?

