



Sommers Construction Company, Inc.

W7841 Smith St.

Shiocton, WI 54170

Phone: (920) 986-3301

Fax: (920) 986-3484

Certified DBE Contractor Equal Opportunity Employer

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Position(s) Applied For:		Date of Application:	
Are you related to anyone working at Sommers Construction? No / Yes Who?	How did you learn about us?		
	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employment Agency
	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name:	First Name:	Date of Birth:	
Address:	City:	State:	Zip Code:
Home Phone #:	Cell #:	E-mail:	
Social Security Number:		Desired Salary:	
Have you ever worked for Sommers Construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ DATE
Have you ever filed an application with Sommers Construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ DATE
Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ DATE
Have you been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ DATE
If Yes, please explain: _____			
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Drivers License #:
Do you have a CDL license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ If Yes, Class?
Will you be willing to submit to a drug test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ If No, Why?

EDUCATION

High School:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
College:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:
Technical/Trade:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:

DESCRIBE OTHER JOB RELATED TRAINING COMPLETED

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SPECIALIZED SKILLS (Job Related Licenses Held / Equipment Operated)

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MILITARY SERVICE

Branch:	Rank:	From:	To:
Type of Discharge:	If Dishonorable, Explain:		

PREVIOUS EMPLOYMENT

Company:	Phone #:	From:	To:
Address:	Job Title:	Supervisor:	
Responsibilities:			
Reason For Leaving:	Starting Salary \$:	Ending Salary \$:	

Company:	Phone #:	From:	To:
Address:	Job Title:	Supervisor:	
Responsibilities:			
Reason For Leaving:	Starting Salary \$:	Ending Salary \$:	

Company:	Phone #:	From:	To:
Address:	Job Title:	Supervisor:	
Responsibilities:			
Reason For Leaving:	Starting Salary \$:	Ending Salary \$:	

Company:	Phone #:	From:	To:
Address:	Job Title:	Supervisor:	
Responsibilities:			
Reason For Leaving:	Starting Salary \$:	Ending Salary \$:	

REFERENCES

List three business/work references who are NOT related to you and are NOT supervisors.

Name:	Relationship:	Phone #:
Company:	Address:	
Name:	Relationship:	Phone #:
Company:	Address:	
Name:	Relationship:	Phone #:
Company:	Address:	

I certify that all given answers herein are true and complete to the best of my knowledge. I also authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Sommers Construction Company, Inc. is of an "at will" nature, which means that Sommers Construction Company, Inc. may discharge the Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of Sommers Construction Company, Inc. I also realize that I must thoroughly read, sign, and comprehend this company's Employee Handbook.

Signature

Date: