

Homburg Contractors, Inc.  
 5590 Monona Drive  
 Monona, WI 53716

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

<b>PERSONAL INFORMATION</b>					DATE
NAME					SOCIAL SECURITY NUMBER
LAST	FIRST	MIDDLE			
PRESENT ADDRESS		STREET	CITY	STATE	ZIP
PERMANENT ADDRESS		STREET	CITY	STATE	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

LAST

FIRST

MIDDLE

**SPECIAL QUESTIONS**

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED A BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches    
  Are you prevented from lawfully becoming employed in the U.S.? \_\_Yes \_\_No  
 Weight: \_\_\_\_\_ lbs.    
  Date of Birth\* \_\_\_\_\_  
 What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_  
 Have you been convicted of a felony or misdemeanor within the last 5 years? \*\* Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.  
 \*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

<b>EMPLOYMENT DESIRED</b>		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

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U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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**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				

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  Yes  No  
 IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

PLEASE DESCRIBE: \_\_\_\_\_

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

HIRED:  Yes  No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

## VOLUNTARY INFORMATION

The City of Madison has adopted an Affirmative Action Ordinance in compliance with Federal law. The disclosure of the following information is voluntary and allows us to meet federal government reporting requirements and judge the effectiveness of our recruitment efforts. The information will be used in accordance with City of Madison policies and ordinances, and State and Federal law which forbids discrimination based on this information.

GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH:	RACE OR ETHNICITY (CHECK ONE OR MORE): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____	How did you learn of this vacancy?
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## NONDISCRIMINATION ON THE BASIS OF DISABILITY

"Qualified individuals with disabilities...shall not solely by reason of their disability be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity" (Section 5.04 of the Rehabilitation Act of 1973, 29 U.S.C. 706(8),794). In accordance with the preceding and Section 1630.4, EEOC Americans with Disabilities Act Employment Regulations, the City of Madison invites applicants for employment to indicate whether and to what extent they are disabled. The following information is intended for use solely in connection with our employment record keeping efforts, and is to be provided on a voluntary basis. It will be kept confidential and it will be used only in accordance with the applicable laws. Refusal to provide it will NOT subject you to any adverse treatment.

In accordance with EEOC Americans with Disabilities Act Employment Regulations, 1630.2(g) and Section 504 of the Rehabilitation Act of 1973, a "Disabled Person" means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

Based on the above, please check this box if you feel you qualify:

- Yes, I feel I DO qualify as an individual with a disability

What special assistance/modification would help you compete in the employment process, i.e, written, performance, oral exam? (For example: sign language interpreter, special aids reader or writer, etc.)

You may be required to provide the Human Resources Department with written verification from a doctor, rehabilitation counselor or other authorized person confirming your disability and indicating a reasonable accommodation.