



5590 Monona Dr. • Monona, Wisconsin • 53716 • (608) 222-6597 • Fax (608) 244-9113 • hr@homburginc.com
www.HomburgInc.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____
NAME _____ SS # _____
LAST FIRST MIDDLE
ADDRESS _____
STREET CITY STATE ZIP
CELL PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? ____ YES ____ NO
HOME PHONE NO. _____ EMAIL ADDRESS: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ DESIRED SALARY _____
ARE YOU EMPLOYED NOW? _____ IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? _____
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? ____ YES ____ NO IF SO, WHEN _____

EDUCATION

	<u>NAME AND LOCATION OF SCHOOL</u>	<u>DID YOU GRADUATE?</u>	<u>SUBJECTS/DEGREES STUDIED/ACHIVED</u>
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
OTHER	_____	_____	_____

OTHER INFORMATION

ARE YOU A UNION MEMBER? ____ YES ____ NO IF SO WHAT UNION? _____
WHAT IS YOUR STATUS? _____ JOURNEYMAN OR _____ APPRENTICE
DO YOU HOLD A VALID DRIVERS LICENSE? ____ YES ____ NO
DO YOU HOLD A VALID CDL? ____ YES ____ NO CDL ENDORSEMENTS? _____
DO YOU HAVE ANY PHSICAL LIMITATIONS THAT PRECLUDE YOU FROM PREFORMING THE WORK YOU ARE APPLYING FOR? ____ YES ____ NO
ARE YOU A U.S. CITIZEN OR A LEGAL RESIDENT AUTHORIZED TO WORK IN THE U.S.? ____ YES ____ NO
HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? ____ YES ____ NO
WHAT IS YOUR U.S MILIATRY/NAVAL SERVICE/VETERAN STATUS? _____
ARE YOU PRESENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES? _____

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.

The Age Discrimination 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.

(EQUAL OPPORTUNITY EMPLOYER)

WORK EXPERIENCE (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

EMPLOYER	CONTACT NAME AND PHONE NO.	REASON FOR LEAVING	
ADDRESS (Street, City, Zip Code)	SALARY	FROM	TO
JOB TITLE/DUTIES		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME

EMPLOYER	CONTACT NAME AND PHONE NO.	REASON FOR LEAVING	
ADDRESS (Street, City, Zip Code)	SALARY	FROM	TO
JOB TITLE/DUTIES		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME

EMPLOYER	CONTACT NAME AND PHONE NO.	REASON FOR LEAVING	
ADDRESS (Street, City, Zip Code)	SALARY	FROM	TO
JOB TITLE/DUTIES		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME

REFERENCES (LIST THREE PEOPLE NOT RELATED TO YOU)

NAME	ADDRESS (Street, City, Zip Code)	PHONE NO.
NAME	ADDRESS (Street, City, Zip Code)	PHONE NO.
NAME	ADDRESS (Street, City, Zip Code)	PHONE NO.

I certify that the facts contained in this application are true to the best of my knowledge. If employed, falsified statements on this application shall be grounds for dismissal.

I authorize Homburg Contractors, Inc. to make inquires and receive any information about my suitability of employment. I give permission to persons contacted to provide true and accurate information. I forever waive and release any person or organization for any result of providing, obtaining or acting upon such information.

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.

Signature _____

Date _____

(EQUAL OPPORTUNITY EMPLOYER)



**EMPLOYEE and EMPLOYEE CANDIDATE
AUTHORIZATION FOR MVR REVIEW**

As a driver of a company vehicle I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

Check one that applies:

EMPLOYEE

I also understand that as a condition of my employment, my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

EMPLOYEE CANDIDATE

I also understand that as a condition of possible employment, this company will obtain my Motor Vehicle Record to determine eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be obtained on me and, if hired, that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize this company or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an Employee or Employee Candidate and may only be rescinded in writing.

PRINT NAME - EMPLOYEE CANDIDATE or EMPLOYEE

DRIVER'S LICENSE NUMBER

SIGNATURE - EMPLOYEE CANDIDATE or EMPLOYEE

DATE

AUTHORIZED REVIEWER'S SIGNATURE

DATE



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: Male Female

DATE OF BIRTH: _____

RACE OR ETHNICITY: (SELECT ONE OR MORE)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) _____

DISABILITY: Do you have a disability? Yes No

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 impairment.

Do you need any special assistance/modification to help you compete in the employment process, i.e. written, performance, oral exam? (For example: sign language interpreter, special aids reader or writer, etc.) Yes No

If yes, accommodation requested is: _____

You may 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? _____

(EQUAL OPPORTUNITY EMPLOYER)