

# MATTISON CONTRACTORS, INC.

811 Highway 12, P.O. Box 238  
Knapp, Wisconsin 54749

Phone (715) 665-2608  
Fax (715) 665-2510

## APPLICATION FOR EMPLOYMENT

This application is to assist in determining the ability and qualifications of the applicant to perform the work he/she is seeking and is for informational purposes only. No offer of employment is made or intended in requesting an applicant to complete this form.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

*Proof of citizenship or immigration status will be required upon employment*

\_\_\_ Yes \_\_\_ No

Are you currently a member of any union organization?

\_\_\_ Yes \_\_\_ No

If Yes, Local # \_\_\_\_\_

Have you ever been employed with us before?

\_\_\_ Yes \_\_\_ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives work here?

\_\_\_ Yes \_\_\_ No

If Yes, state name and relationship \_\_\_\_\_

Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No Do you have a valid CDL? \_\_\_ Yes \_\_\_ No

If Yes, state number \_\_\_\_\_

Class \_\_\_\_\_

Endorsements \_\_\_\_\_

Expiration Date \_\_\_\_\_

**\*Note: CDL must be obtained within 60 days of hire.**

Do you have a Hazardous Waste Training Certificate? \_\_\_ Yes \_\_\_ No

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?                      Yes              No		

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?                      Yes              No		

**ADDITIONAL INFORMATION**

Other Qualifications *Summarize special job-related skills and qualifications from employment or other experience.*

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**SPECIALIZED SKILLS (Skills, Equipment Operated, Years of Experience)**

*State any additional information you feel may be helpful to us in considering your application.*

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.  
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
 In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer and that due to the seasonal nature of construction work, my employment would be temporary and layoffs may occur on short notice.

_____ Signature of Applicant	_____ Date
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**Affirmative Action Voluntary Information**

**COMPLETION OF INFORMATION BELOW IS VOLUNTARY**

We consider all applicants for positions without regard to race, creed, color, national origin, ancestry, age, sex, honesty or genetic testing, disability, arrest or conviction record, sexual orientation, marital status, military service membership, use of lawful products, pregnancy or childbirth, or other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_\_

**Referral Source**

- Walk-in
- Government Employment Agency
- Private Employment Agency
- Employee
- Relative
- School
- Advertisement-Source \_\_\_\_\_
- Other \_\_\_\_\_

Name of Person who referred you (if applicable) \_\_\_\_\_

**Applicant Information**

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

- Male
- Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin)
- Black (not of Hispanic Origin)
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific

**Veteran Status**

- Disabled Veteran—A disabled veteran who is capable of performing a particular job with reasonable accommodations for his or her disability.
- Other Protected Veteran—A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. Please list service dates and military campaign(s).  
\_\_\_\_\_
- Armed Forces Service Medal Veteran—A veteran who, while serving on active duty participated in a United States military operation for which an Armed Forces service medal was awarded. Please list service dates and military campaign(s).  
\_\_\_\_\_
- Veteran—Please list service dates. \_\_\_\_\_
- No Military Service

