

Job Application

Pheifer is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Pheifer.

GENERAL INFORMATION

Name:	(Last)		(First)		(M.I.)	Date:		
Address:			()		,			
					Email:			
Under 18?		/No	If	yes, can you furnish a w	ork permit?			
Car			d in the US?	Curren	nt Employme	ent Status:	Yes	/No
Available	Start Date			Previously Employed l	y Pheifer? I	f yes, when?		
Type of Wo	ork Applying				Union	Affiliation?		
What exper	iences in you	perator(Apprent r life qualify	tice)/Laborer(Apprentice)/Carpe you for this position?	nter(Apprentice)/Shop Help et	c.		Operator/	Laborer/Carpenter/None
EDUCATI		el of Education	on:					
	Nam		lame of School	City/State/Zip	Majo	Major Field of Study		Degree of Certificate
High School:								
Apprenticeship:								
College:								
Advanced Degree:								
Other:								
PREVIOUS	S EMPLOYM	IENT - List a	ll previous employment from curi	rent job going backwards:				
	Start Date	End Date	Name of Employer	Address	Title/	Duties	Pay Rate	Reason for Leaving
1								
	Co	ntact Name:		Phone:		Email:		
2								
	Co	ntact Name:		Phone:		Email:		
3								
	Contact Name:			Phone:		Email:		
4								
	Contact Name:			Phone:	<u> </u>	Email:		
5	Con	ntact Name		Phone:		Email:		
	Contact Name:			1 none;		Eman:		

IOB REL	ATED QUE	ESTIONS:							
Are you	NCCO, or	equivalent, cert	ified for lattice boom craw pply for a laborer/carpenter apprentic	Yes/No					
Do you	ı have at lea	st 5 years' expe	rience operating lattice bo	Yes/No					
If	yes, do you	have experienc	e operation cranes while p	Yes/No					
		Do you	Yes/	'No					
		Are y	ou certified to install Epox	y Anchors?	Yes/	'No			
Are you	willing to p	_	rsonal tools required for co		Yes/		cle):		
Thei	ft, Drug or A	Alcohol Use?	to follow Safety or Os	,	Yes/No				
-						tile work environment, insubordination, V_{es}/N_{O}			
		bove, please explain:	100/110	C5/110			intimidation or hazing?		
and insurance honestly and of Are you will Have you	this business providers m contact with: Do you have ling to comme ever been comme	s requires extensialy require certain any questions. we a current and mute up to 90 monvicted of a felony?	ve unpaid travel to and from eligibility requirements and l legal driver's license? niles from Neenah, WI to work each day? Yes/No	Yes/No Yes/No Yes/No If yes, exp	s to pe	rform work on their sit If ye Do you have a vehicl of driving 180 miles	es. Answer of s, a CDL? e capable		
		and accidents f	or the last five years (Includ	le OWI, DUI, and	alike):			NI	
Da	te		Description			Location		Notes	
DEDCOMAL	DEEEDEN	ICEC CECTIO	N. E. I. I. C. 'I I.		•				
Nar		NCES SECTIO	N: Exclude family and previous e Email	mpioyers		Phone	Re	lationship	
employ minor	et that Pheife ities and fem ked, will not	r is an Equal Em ales, Pheifer requ have any effect o	ployment Opportunity Employers the following information your prospective employer	on. Your response nent at Pheifer.					
I am:	Male	Female	I am a Unite Military Ve		es	No.			

Hispanic

African

American

Native

American

I am:

White

Asian

LEGAL SECTION ___, hereby authorize Pheifer to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives from seeking, gathering, and using relevant information to make employment decisions and all other persons or organizations for providing such information. I understand that any false, misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I understand this application will be considered inactive after 45 days. If an applicant continues to be interested in employment with Pheifer after 45 days, the applicant will be required to complete a new application. Applicant's Signature:__ Date: