

Dowling Construction, Inc.

3596 Stearns Drive

Oshkosh, WI 54904

Office Phone: (920) 235-8021

Office Fax: (920) 233-7462

nicoledc@northnet.net

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without regard to race, color, sex, age, national origin, handicap, veteran status, or any other characteristic protected under federal, state or local law.

PERSONAL			
Last Name	First	Middle	Date
Street Address			Home Telephone
City	State	Zip Code	Alternate Phone
Have you ever been employed by Dowling Construction, Inc.? (Circle One) Yes No If "Yes" reason for leaving:			Email Address
Position Desired	Employment Type Desired (Circle One) Full-time Part-time Seasonal		
Apart from absence for religious observance, are you available for full-time work? (Circle One) Yes No If "No" what hours can you work?			Pay Expected
Are you legally eligible for employment in the United States? (Circle One) Yes No			Will you work overtime if asked? Yes No
Some of our projects are out of town. Can you travel overnight if needed (very minimal if at all)? (Circle One) Yes No If "No" please explain:			When will you be available to begin work?
How did you hear about Dowling Construction, Inc.? (Employment Ad, referral, etc.):			
Please list any skills or training you have in the Construction Trade :			

EDUCATION					
School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma
Graduate					
College					
Business, Trade, Technical					
High School					
Elementary					

Membership In Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

Company Name	Telephone
Address	Employed (Month/Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
Job Title and Description of work performed	Reason for leaving
May we contact this employer? (Circle One) Yes No If "No" please explain:	

Company Name	Telephone
Address	Employed (Month/Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
Job Title and Description of work performed	Reason for leaving
May we contact this employer? (Circle One) Yes No If "No" please explain:	

Company Name	Telephone
Address	Employed (Month/Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
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May we contact this employer? (Circle One) Yes No If "No" please explain:	

Company Name	Telephone
Address	Employed (Month/Year) From: To:
Name of Supervisor	Weekly Pay Start: Last:
Job Title and Description of work performed	Reason for leaving
May we contact this employer? (Circle One) Yes No If "No" please explain:	

MILITARY

Did you serve in the U.S. Armed Forces? (Circle One) Yes No If "Yes", in what Branch?
Describe any training received relevant to the position in which you are applying:

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS MARKED

If the employer has marked the box next to the question, the information requested is needed for legally permissible reason, including, with limitation, national security considerations, a legitimate occupational qualification or business necessity. Federal and State laws prohibit discrimination based on race, color, religion, sex, age, citizenship, national origin, ancestry, marital status, physical or mental handicap or disability.

<input checked="" type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ____ Yes ____ No If "Yes" describe in full (conviction will not necessarily disqualify an applicant from employment).
<input checked="" type="checkbox"/>	Do you have any physical condition, which might limit your ability to perform the job for which you are currently applying? ____ Yes ____ No If "Yes" describe this condition and how you can perform the job in spite of it.
<input checked="" type="checkbox"/>	Do you have a valid Driver's License? ____ Yes ____ No Driver's License Number: _____ Exp Date: _____

SIGNATURE

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained 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 45 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 law, any employment relationship with Dowling Construction is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge and employee at any time with or 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 change is specifically acknowledged in writing by and authorized executive of this organization.

In the even of employment, I understand that false or misleading information given in the application or interviews or material omissions during the hiring process may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Dowling Construction, Inc.

Signature: _____ **Date:** _____