

NEW BERLIN REDI-MIX, INC.

20500 W Lawnsdale Rd New Berlin, WI 53146

newberlinredimix@newberlinredimix.com

Phone: (262) 679-1700

Application for Employment

An Equal Opportunity Employer

Personal Info	
Name:	Date:
Address	
Phone:	Social Security Number:
<p>Are You 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the job desired requires the use of a commercial driver's license, do you have a valid commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever pleaded guilty to or been convicted of a misdemeanor or a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide further information as to the offense(s) date, location of court and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions (New Berlin Redi Mix. Inc. will consider your record only as it may substantially relate to the job for which you are applying.)</p>	

Employment Desired:	
Position:	Date you can start:
Desired Wage/Salary:	Have you applied Before? <input type="checkbox"/> Yes <input type="checkbox"/> No

NEW BERLIN REDI-MIX, INC.

20500 W Lawnsdale Rd New Berlin, WI 53146

newberlinredimix@newberlinredimix.com

Phone: (262) 679-1700

Education and Training

Education	Name and Location of School	Number of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade or Business School				
Describe any other training you consider relevant to the position for which you are applying:				

Work Experience/Former Employers

Provide complete information. Start with your current or most recent job. Include self-employed and Military Service. For part-time work, show the average number of hours worked per week. Show any changes in job title for the same employer as separate position. Attach additional sheet if necessary.

Are you currently Employed: Yes No If So, May we contact your current Employer? Yes No

Employer:	Street Address:	
Your Position:	City, State, Zip	
Your Duties:	Phone:	Supervisor:
	Total Time Employed:	
	From(month & year)	From (month & year)
	Wage/Salary:	

NEW BERLIN REDI-MIX, INC.

20500 W Lawnsdale Rd New Berlin, WI 53146

newberlinredimix@newberlinredimix.com

Phone: (262) 679-1700

Employer:	Street Address:	
Your Position:	City, State, Zip	
Your Duties:	Phone:	Supervisor:
	Total Time Employed:	
	From(month & year)	From(month & year)
	Wage/Salary:	

Employer:	Street Address:	
Your Position:	City, State, Zip	
Your Duties:	Phone:	Supervisor:
	Total Time Employed:	
	From(month & year)	From(month & year)
	Wage/Salary:	

Employer:	Street Address:	
Your Position:	City, State, Zip	
Your Duties:	Phone:	Supervisor:
	Total Time Employed:	
	From(month & year)	From(month & year)
	Wage/Salary:	

NEW BERLIN REDI-MIX, INC.

20500 W Lawnsdale Rd New Berlin, WI 53146

newberlinredimix@newberlinredimix.com

Phone: (262) 679-1700

Pre-Employment Information Form

This form and information will be kept in a confidential file separate from the application and will not be considered when reviewing your application

This form is used to help us monitor the success of our Affirmative Action program and to comply with State and Federal equal employment opportunity record keeping. The following information is required on all applications.

Full Name:	
Date of Application:	
Referral Source:	
Race: Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/>	Ethnicity: Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to specify <input type="checkbox"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/>	

The company has adopted programs and policies to assist in the employment and retention of Military Veterans, Disabled Veterans and Disabled Individuals. Under Federal Regulations, the following questions are optional.

Military Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Disabled Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>	
Disabled Individual Yes <input type="checkbox"/> No <input type="checkbox"/>	

New Berlin Redi-Mix, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, ethnicity, religion, age, sex, gender, disability or other basis prohibited by applicable local, state or federal fair employment laws and regulations.

NEW BERLIN REDI-MIX, INC.

20500 W Lawnsdale Rd New Berlin, WI 53146

newberlinredimix@newberlinredimix.com

Phone: (262) 679-1700

Authorization, Release and Certification

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statement by me or material omissions of information requested of me, may result in rejection of my application or, if employed my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information. Whether oral or written. A photocopy of this release shall be as valid as the original and may be relied upon by all persons providing information.

I understand that I will be required to submit to a medical examination if offered a position conditioned on such. I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand this application will be considered inactive after 30 days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Date: _____

Applicant's Name: _____

Applicant's Signature: _____