



P.O. Box 40 500 Lorry Street Amherst, WI 54406  
715-824-5665 Fax: 715-824-5663

## APPLICATION FOR EMPLOYMENT

WELCOME!!! We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications.

Blenker Companies, Inc. is an EQUAL OPPORTUNITY EMPLOYER:

Our policy is to offer employment opportunities to qualified persons on a nondiscriminatory basis. All qualified applicants receive equal consideration with no questions asked regarding age, race, religion, color, sex, national origin, ancestry, veteran status, citizenship, or any other characteristic protected by law.

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Are you legally qualified to work in the United States? Yes\_\_\_\_ No\_\_\_\_

(If you are hired, you will be required to submit verification of your legal right to work in the United States.)

Are you at least 18 years of age? Yes\_\_\_\_ No\_\_\_\_

Which position are you applying for? \_\_\_\_\_

Desired wage: \_\_\_\_\_

Are you applying for Full-Time\_\_\_\_ or Part-Time \_\_\_\_ Employment?

Are you willing to work daily overtime? Yes\_\_\_\_ No\_\_\_\_

On what date can you start work? \_\_\_\_\_

What days can you work? Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_

Saturday\_\_\_\_ Sunday\_\_\_\_

NOTE: Reasonable efforts are made to accommodate religious beliefs or practices.

What shift can you work? \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup>

List any friends or relatives already working for Blenker Companies, Inc.: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL BACKGROUND**

(Note: a criminal record does not automatically disqualify an applicant from employment)

Have you been convicted of a felony or misdemeanor in the last 10 years? Yes \_\_\_\_ No \_\_\_\_

If yes, when? \_\_\_\_\_

For what have you been convicted? \_\_\_\_\_

Are you subject to any pending criminal charges? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you willing to take a physical examination? Yes \_\_\_\_ No \_\_\_\_

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING**

Are you willing to be tested for controlled substances and/or alcohol? \_\_\_\_ Yes \_\_\_\_ No

If so, please sign here acknowledging your consent:

Applicant's Signature

Date

**DRIVER'S LICENSE AND DRIVING RECORD**

Do you have reliable transportation? Yes \_\_\_\_ No \_\_\_\_

Do you have a current Wisconsin Driver's License? \_\_\_\_ Yes \_\_\_\_ No DL #: \_\_\_\_\_

Do you agree to have your driver's license photocopied in order to obtain a copy or your driving

record from the State of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No

\*\*If yes, please attach a copy or bring you driver's license in for us to copy\*\*

**EDUCATIONAL BACKGROUND**

| <u>EDUCATION</u>   | <u>Name and Location Of School</u> | <u>Highest Grade Completed</u> | <u>Degree or Diploma Earned</u> | <u>Courses Studied</u> |
|--------------------|------------------------------------|--------------------------------|---------------------------------|------------------------|
| <u>High School</u> |                                    |                                |                                 |                        |
| <u>College</u>     |                                    |                                |                                 |                        |
| <u>Graduate</u>    |                                    |                                |                                 |                        |
| <u>Other</u>       |                                    |                                |                                 |                        |

Do you plan to work elsewhere or attend school while working for Blenker Companies, Inc.?

Yes \_\_\_\_ No \_\_\_\_ If yes, where? \_\_\_\_\_

Will you be attending school in the future? \_\_\_\_\_ if yes, when and where:

\_\_\_\_\_

**PERSONAL REFERENCES** (Do NOT include relatives or previous employers)

| Name | Address | Business | Telephone Number |
|------|---------|----------|------------------|
|      |         |          |                  |
|      |         |          |                  |
|      |         |          |                  |

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_

May we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

May we contact your previous employers? Yes \_\_\_\_ No \_\_\_\_

Have you ever been disciplined or discharged for cause? \_\_\_\_\_ if yes, describe: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Start with your present or last job. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or any other protected status.

1. \_\_\_\_\_  
 Employer Address Telephone Number  
 \_\_\_\_\_  
 Job Title Supervisor Reason for Leaving  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Salary/Wage: \_\_\_\_\_  
 Description of Work Performed: \_\_\_\_\_

2. \_\_\_\_\_  
 Employer Address Telephone Number  
 \_\_\_\_\_  
 Job Title Supervisor Reason for Leaving  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Salary/Wage: \_\_\_\_\_  
 Description of Work Performed: \_\_\_\_\_

3. \_\_\_\_\_

|                                      |                 |                           |
|--------------------------------------|-----------------|---------------------------|
| Employer                             | Address         | Telephone Number          |
| Job Title                            | Supervisor      | Reason for Leaving        |
| Start Date: _____                    | End Date: _____ | Ending Salary/Wage: _____ |
| Description of Work Performed: _____ |                 |                           |

4. \_\_\_\_\_

|                                      |                 |                           |
|--------------------------------------|-----------------|---------------------------|
| Employer                             | Address         | Telephone Number          |
| Job Title                            | Supervisor      | Reason for Leaving        |
| Start Date: _____                    | End Date: _____ | Ending Salary/Wage: _____ |
| Description of Work Performed: _____ |                 |                           |

Are there any other job-related skills and qualifications you may have that are appropriate to the position in which you have applied for? Please list: \_\_\_\_\_

### **STATEMENT OF PHYSICAL CONDITION**

Is your general health adequate to perform the essential functions such as lifting heavy items or operating equipment? (If you have any questions about the essential functions, please ask.)

Do you have any vision or hearing problems that could possibly impair your ability to work safely? For example: while operating trucks, forklifts, or other equipment.

Do you wear glasses/contacts while driving and is this noted on your driver's license?

Can you perform the essential functions of the job you are applying for, with or without reasonable accommodations?

If you require reasonable accommodations, please describe the desired accommodation (s).

**EXPERIENCE & QUALIFICATIONS****Yard & Driver Applicants**

(This section must be completed by ALL yard and driver applicants. If you are not applying for a yard or driver position, please proceed to page 8.)

**DRIVERS LICENSE (current and surrendered)**

| STATE | LICENSE NO. | CLASS & TYPE | EXPIRATION |
|-------|-------------|--------------|------------|
|       |             |              |            |
|       |             |              |            |
|       |             |              |            |

**CLASS OF EQUIPMENT**

|                 | TYPE OF EQUIPMENT<br>(VAN, TANK, FLAT, ETC) | DATES |    | TOTAL MILES<br>OR TIME |
|-----------------|---------------------------------------------|-------|----|------------------------|
|                 |                                             | FROM  | TO |                        |
| STRAIGHT TRUCK  |                                             |       |    |                        |
| TRACTOR/TRAILOR |                                             |       |    |                        |
| FORKLIFT        |                                             |       |    |                        |
| OTHER           |                                             |       |    |                        |

**ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE**

(Attach sheet if more space is needed)

|               | DATES | NATURE OF ACCIDENT<br>(Head-on, Rear-end, upset, etc.) | FATALITIES | INJURIES |
|---------------|-------|--------------------------------------------------------|------------|----------|
| LAST ACCIDENT |       |                                                        |            |          |
| NEXT PREVIOUS |       |                                                        |            |          |
| NEXT PREVIOUS |       |                                                        |            |          |

**TRAFFIC CONVICTIONS AND FOREITURES FOR THE PAST 3 YEARS**

(Other than parking violations/attach sheet if more space is needed)

| DATE | LOCATION | CHARGE | PENALTY |
|------|----------|--------|---------|
|      |          |        |         |
|      |          |        |         |
|      |          |        |         |

Have you ever been denied a license, permit, or the privilege to operate a motor vehicle? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Have you ever had any license, permit, or privilege suspended or revoked? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION OF SUBSTANCE ABUSE**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

In the past 3 years, have you submitted to an alcohol breath test that resulted in an alcohol concentration of .04 or greater? \_\_\_\_\_ If yes, when? \_\_\_\_\_

In the past 3 years, have you submitted to a controlled substance test that verified positive? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you ever refused to submit to an alcohol breath test? \_\_\_\_\_

Have you ever refused to submit to a controlled substance test? \_\_\_\_\_

If you answered "yes" to any of the above questions, did you participate in an authorized "Return – To – Duty" referral, evaluation, or treatment program? \_\_\_\_\_

If you answered yes, please provide detail of program:

\_\_\_\_\_  
\_\_\_\_\_

This signature certifies that the above information was completed by me, and that all entries on it are true and complete. Any falsification of this information may result in loss of employment opportunities.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DRIVER'S RIGHTS**

As a driver and as an applicant to this company, you have the following rights. Before completing this application, please read the rights below and sign on the designated line.

1. The right to review information provided by previous employers
2. The right to have errors in the information corrected by previous employers and for the previous employer to re-send the corrected information to the prospective employer
3. The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and the driver cannot agree on the accuracy of the information

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**APPLICANT'S STATEMENT & BACKGROUND CHECK AUTHORIZATION****(Read Carefully Before Signing)**

I hereby affirm that my answers to the preceding questions are true and correct. I understand that any false answers or deliberate omissions on this application may be grounds for rejection of my application and for immediate discharge if already employed.

Consumer reports may be necessary to evaluate my application for employment or my job status if employed. I authorize pertinent companies, schools, agencies or persons to give any information requested regarding my employment, character, experience, qualifications and/ or suitability for employment. These reports may include my driving record or other reports. By signing this agreement, I authorize the procurement of such reports now and as are needed in the future, to evaluate my status for employment, insurability and for any other permissible purpose.

I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not request copies of such information. In addition, a copy of this authorization is valid as the original and should be recognized as such.

I understand that this application is in no way an implied contract of employment.

I understand and agree that, if hired, my employment is for no definite period, is at-will, and may be terminated at any time without any prior notice.

In the event of employment, I agree to comply with all reasonable rules of Blenker Companies Inc. as a condition of continued employment.

In the event that Blenker Companies Inc. advances me money or other things of value, or I otherwise become financially indebted to the company, I agree to repay the company and also that any wages due upon termination may be offset by payroll deductions against any such monies due Blenker Companies Inc.

I understand that I must satisfactorily complete a physical examination and a pre-employment drug test as a condition of employment. I am in agreement with company policy that if my past employment record or past medical examination proves to be unsatisfactory for company requirements, that my employment will be terminated.

I certify that I am a genuine applicant for employment and that this application is being submitted solely for the purpose of seeking employment with Blenker Companies and for no other reason.

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 Applicant's Signature

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 Date

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 Printed name of applicant / employee
 

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Name \_\_\_\_\_ Date Interviewed \_\_\_\_\_ 2nd Interview

The Purpose of this form is to determine the level of your experience in the various skills used in our particular business. This form is used for all potential candidates for employment and for existing employees during their semi-annual performance review. We want to have you work in those areas you enjoy. However, we also know it is to your and our advantage to have you cross trained in other skills so when the occasion arises, we can continue to serve our clients to the best of our company's ability. For this reason, please mark and "X" to the left of those trades in which you would like to become more proficient. This will allow us to include you in our in-house continuing education program. Keep in mind, when filling out this form, we are more interested in "capabilities" than speed. For new employment candidates, this form becomes a part of your employment application.

Please rate your ability in the following areas using the following numerical description:

- 0 - No experience or training
- 1 - Limited experience and/or training
- 2 - Some training and or/moderate experience
- 3 - Professional training and/or experience and have professional proficiency

*Also, please check those items, on the left side, about which you would like to learn more.*

### **OFFICE**

- \_\_\_ Use of computers
- \_\_\_ Designing of kitchens, baths, additions or other remodeling
- \_\_\_ Drafting
- \_\_\_ Blueprint reading
- \_\_\_ Engineering: structural, mechanical, civil, electrical

### **LAYOUT**

- \_\_\_ Use of water level
- \_\_\_ Use of transit
- \_\_\_ Use of laser

### **DEMOLITION**

- \_\_\_ Demolition of bearing structural components
- \_\_\_ Demolition of flat concrete
- \_\_\_ Demolition of concrete block

### **MASONRY/CONCRETE**

- \_\_\_ Concrete: footings, foundation walls, flat work, monolithic pours
- \_\_\_ Block laying
- \_\_\_ Brick laying
- \_\_\_ Concrete tie beams, and their forming
- \_\_\_ Textured, patterned or stamped concrete flat work such as Spray Crete or Bomanite
- \_\_\_ Concrete staining
- \_\_\_ Power trowels
- \_\_\_ Stucco

**SIDING**

- \_\_\_ Steel
- \_\_\_ Aluminum
- \_\_\_ Vinyl
- \_\_\_ Cedar, redwood, hard board
- \_\_\_ T-111
- \_\_\_ Vinyl or aluminum fascia/soffit

**METAL**

- \_\_\_ Coil wrap and bending with a brake
- \_\_\_ Metal Buildings
- \_\_\_ Metal pan roofs
- \_\_\_ Carports

**PLUMBING**

- \_\_\_ Basic: remove and replace toilets, faucets, disposals
- \_\_\_ Advanced: replacement of tubs, showers shower pan liners, water heaters
- \_\_\_ Plumbing lines: copper, galvanized, PVC, compression
- \_\_\_ Underground sprinkler systems: distribution boxes, pumps, valves, heads

**ELECTRICAL & LIGHTING**

- \_\_\_ Service panels and main entry lines
- \_\_\_ Switches, receptacles
- \_\_\_ 220v of the above
- \_\_\_ Can and track lighting
- \_\_\_ Halogen lighting
- \_\_\_ Water heater timers/lighting timers
- \_\_\_ Telephone wiring
- \_\_\_ Audio/video wiring
- \_\_\_ Low voltage wiring
- \_\_\_ T.V. cable wiring

**HVAC**

- \_\_\_ Ductwork
- \_\_\_ Replacement of thermostats and humidistats

**TILE**

- \_\_\_ Ceramic, mosaic, (walls, floors, ceiling, countertops)
- \_\_\_ Marble, stone,
- \_\_\_ Ceiling tile: suspended, 12" x 12"

**FLOORING**

- \_\_\_ Vinyl sheet goods
- \_\_\_ Hardwood and parquet
- \_\_\_ Carpeting

**PAINTING & WALLPAPER**

- \_\_\_ Wallpaper installation
- \_\_\_ Wallpaper removal
- \_\_\_ Interior and exterior painting
- \_\_\_ Conventional spraying
- \_\_\_ HVLP spraying
- \_\_\_ Acoustic or texture spraying
- \_\_\_ Spray painting of cabinetry
- \_\_\_ Use with lacquer coatings
- \_\_\_ Proficiency at cutting

**CARPENTRY – ROUGH**

- \_\_\_ Wall framing
- \_\_\_ Conventional framing: shed, gable, dormer,
- \_\_\_ Conventional framing: complex hip
- \_\_\_ Floor framing: TJI joists, LVL beams
- \_\_\_ Simple stair framing: conventional straight runs
- \_\_\_ Complex stair framing: landing(s), curved, narrowing or expanding
- \_\_\_ Overhead garage doors
- \_\_\_ Panelized Construction (setting pre-built walls, floors & roofs)
- \_\_\_ Roof Truss Layout & Erection
- \_\_\_ Window & Door Installation

**CARPENTRY – TRIM**

- \_\_\_ Casing and baseboard
- \_\_\_ Crown molding including multi member crown
- \_\_\_ Pre-hung doors
- \_\_\_ Closet shelving-both wire and laminated types
- \_\_\_ Skylights
- \_\_\_ Wood railings-interior
- \_\_\_ Deck construction

**WINDOWS**

- \_\_\_ Aluminum Clad & Vinyl installation-new
- \_\_\_ Same as above-replacement
- \_\_\_ Aluminum installation in masonry construction-new
- \_\_\_ Same as above-replacement
- \_\_\_ Sash replacement

**ROOFING**

- \_\_\_ Repairs only: underline types-asphalt/fiberglass/barrel tile/concrete tile/metal
- \_\_\_ Complete roofing: list types of the above\_\_\_\_\_
- \_\_\_ Roofing ventilation - under line types: gable end vents, turbo vents, ridge vents, soffit vents

**DRYWALL**

- \_\_\_ Hanging and finishing
- \_\_\_ Texturing-underline type: skip trowel, popcorn, knock down, pebble effect
- \_\_\_ Repairs of drywall only including finishing

**COUNTERTOPS**

- \_\_\_ Laminated
- \_\_\_ Corian or Granite (underline type)
- \_\_\_ Working with laminate

**CABINETRY**

- \_\_\_ Cabinetry installation-both manufactured and custom
- \_\_\_ Cabinet making experience
- \_\_\_ Cabinet refacing

**MISCELLANEOUS**

- \_\_\_ Tub/shower doors installation
- \_\_\_ Tub/shower enclosures such as fiberglass units-one and multi piece
- \_\_\_ Prefabricated fireplace installation
- \_\_\_ Fencing: chain link, wood, plastic, concrete (underline types)

**MANAGEMENT SKILLS**

- \_\_\_ Supervisor experience
- \_\_\_ Scheduling experience
- \_\_\_ Project management experience
- \_\_\_ Managing, scheduling and supervising subs
- \_\_\_ Financials of projects-Change Orders and obtaining monies from owners
- \_\_\_ Estimating
- \_\_\_ Purchasing
- \_\_\_ Selling jobs
- \_\_\_ Management of rental properties
- \_\_\_ Computerized CAD, estimating programs

Please list here any other skills that you feel may be of use such as appliances repair, mechanical, etc.

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Signature of applicant \_\_\_\_\_

Date

Copy of this received by applicant \_\_\_\_\_

Initial please