



Corporate Contractors, Inc.
 3800 Gateway Blvd, Suite 200
 Beloit, WI 53511
 608 362-2912 | andrea.gordon@cciwi.com

APPLICATION FOR EMPLOYMENT

All qualified applicants will receive consideration without discrimination based on sex, marital status, race, age, creed, national origin, or the presence of disabilities (unless the disability limits your ability to perform the essential functions of the job).

It is important that you answer all questions on your application fully and accurately. Failure to do so may disqualify you from being considered for the position. Additional job related testing for skills may be required. Testing for the presence of illegal drugs may be required prior to employment. Certain positions may require additional testing and medical reviews to determine job fitness. A medical review will be required (if necessary) only **after** a job offer has been made. This application will be considered active for 1 year.

• PLEASE PRINT IN INK OR TYPE •

Position Desired	Date of Application
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Name (Last)	(First)	(Middle)	Phone No: (Day) (Evening)
Street Address	City/State/Zip Code	County	Social Security No.

Addresses for past 3 years			
Address:	City:	State:	Zip:
Length of time at this address:			
Address:	City:	State:	Zip:
Length of time at this address:			
Address:	City:	State:	Zip:
Length of time at this address:			

Are you willing to work (may mark more than one): Full-time Part-time Seasonal

Date Available: _____ Pay Desired: _____

Are you legally eligible for employment in the United States? Yes No

Have you ever worked for Corporate Contractors Inc. or a related company? Yes No If Yes, when and in what position? _____

Are you 18 years of age or older? Yes No Will you work overtime if asked? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes No

Other Special Training or Skills (languages, machine operation, etc.) which you feel are relevant to the job for which you are applying:

EDUCATION / TRAINING

Type of School	Name and Location of School	From	To	Diploma, Degree, Certificate or Credits Earned	Course of Study	Did you Graduate?
Last High School / GED						
College or University						
College or University						
Graduate School						
Technical / Vocational School						

• List applicable courses, seminars, workshops and training programs you attended related to this position:

CONVICTION INFORMATION

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question. Have you been convicted of a crime in the last 15 years, excluding misdemeanors and those which have been sealed, expunged or statutorily eradicated? _____ No _____ Yes If yes, explain each conviction

MILITARY

Have you served in the Armed Forces? _____ No _____ Yes, When? _____

Which branch? _____ Duties performed / specialized training received _____

LICENSES

Complete this section only if applying for any of the following positions: Project Manager, Supervisor, Manager, Carpenter, Roofer, and Laborer.

Do you have a valid driver's license? _____ Yes _____ No

Driver's License No./State _____ Expiration Date _____

List all moving traffic violations within the past five years:

Nature of Offense _____

Date(s) _____ Explain: _____

REFERENCES

List three (3) persons who are not related to you and who have definite knowledge of your business or professional qualifications for the position for which you are applying. Do not repeat names of Supervisors listed under work history.

Name	Phone	Email	Relationship
1. _____			
2. _____			
3. _____			

EMPLOYMENT HISTORY

Please list your employment history for the **past ten (10) years**. Begin with **most recent** employment. Attach additional pages if necessary. List any relevant volunteer work experience.

Present or Last Employer				Telephone ()	
Address		City	State	Zip	
				Dates employed (mo/yr) From To	
Supervisor's Name and Title				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	
Hours Worked per week		Last Salary		Reason for Leaving	
State Job Title and Describe Your Work				Operated CDL Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer				Telephone ()	
Address		City	State	Zip	
				Dates employed (mo/yr) From To	
Supervisor's Name and Title				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	
Hours Worked per week		Last Salary		Reason for Leaving	
State Job Title and Describe Your Work				Operated CDL Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer				Telephone ()	
Address		City	State	Zip	
				Dates employed (mo/yr) From To	
Supervisor's Name and Title				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	
Hours Worked per week		Last Salary		Reason for Leaving	
State Job Title and Describe Your Work				Operated CDL Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer				Telephone ()	
Address		City	State	Zip	
				Dates employed (mo/yr) From To	
Supervisor's Name and Title				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	
Hours Worked per week		Last Salary		Reason for Leaving	
State Job Title and Describe Your Work				Operated CDL Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 statements 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 Corporate Contractors Inc. to seek to verify and supplement the information set forth in the application including reference checks. 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 employment with Corporate Contractors Inc. is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

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

I understand this application will be considered inactive after 1 year.

I certify that I have read (or have had read to me) and understand this Authorization, Release and Certification.

Applicant's Name (Print): _____

Applicant's Signature: _____

Date Signed: _____



APPLICANT TRACKING FORM

Corporate Contractors Inc. is an Equal Opportunity Employer. We do not discriminate in hiring or employment because of race, color, creed, national origin, sex, disability or veteran status. To further our commitment to Equal Employment Opportunity, we request your cooperation in voluntarily providing the following information which is essential to the success of our program. Any information gathered is strictly confidential and will be filed in a separate file from your application for employment.

Name: _____ **Date:** _____

Position(s) Applied For:

Referral Source:

- Walk-in
- Internal Posting
- Friend _____
- Employment Agency
- Website _____
- Newspaper Advertisement in: _____
- Other (Please identify): _____

Gender: Male Female **Date of Birth:** _____

Check the category that best defines your race/ethnic designation:

- White:** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black:** (not of Hispanic origin): All person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- Asian:** All persons having origins in any of the originals peoples of the Far East, Southeast Asia, the Indian Subcontinent, (for example China, India, Japan, and Korea).
- Pacific Islander:** All persons having origins in any of the original peoples of the Hawaiian Islands or the Pacific Islands (for example: Hawaii, the Philippine Islands, and Samoa).
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or More Races:** All persons having origins from more than one of the above categories.

CONSTRUCTION TRADES OPENINGS

Have you performed any of the following in these categories?
Please fill out completely.

How Many Times / How Often

- | | | |
|---|--|-------|
| 1. Have you installed a pre-hung door, jamb and trim? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2. Can you layout a wall with 2x4 studs on 16" O.C. with windows & doors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3. Can you read and follow a blueprint? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4. Have you installed a suspended ceiling including layout? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5. Can you hang drywall? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6. Can you tape and finish drywall? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 7. Have you installed carpet? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 8. Have you installed 12 x 12 floor tile? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 9. Have you installed vinyl cove base? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 10. Have you installed ceramic tile and grout? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 11. Can you paint walls and trim neatly? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 12. Have you painted with an airless spray painter? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 13. Can you lay concrete block? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 14. Can you pour, float, towel and broom concrete flatwork? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 15. Roofing: Shingles? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Torchdown? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Built-up Roofing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Single Ply? What Types? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Standing Seam Metal Roofing? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 16. Have you installed roof related sheet metal flashings? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 17. Have you installed steel sheeting or purlins? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 18. Have you used a brake to form trim from aluminum or steel? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 19. Plumbing: Solder copper pipe? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Install a sink? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Install a toilet? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Cut and thread a pipe? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 20. Can you arc weld? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 21. Have you used a cutting torch? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

CONSTRUCTION TRADES OPENINGS

		How Many Times / How Often	
22. Can you operate:	Forklift (certified)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Bobcat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Endloader with backhoe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Trucks with more than 5 speeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Boom lift (certified)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Aerial lift platforms (certified)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
23. Can you work 10 hour days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
24. Can you travel out of town for 1, 2 or 3 weeks at a time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
25. Do you hold a 10 Hour OSHA card?		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
26. Do you hold a 30 Hour OSHA card?		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
27. Do you have a CDL? If yes, please complete page 8 .		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Please list and/or explain any additional experience within the construction industry you may have:

D.O.T. COMMERCIAL DRIVERS ONLY

(Applicants For Commercial Driving Positions Must Complete This Section in Full)

D.O.T. Regulations require the following additional information from all prospective commercial drivers engaged in interstate or intrastate commerce. Information provided may be used for the purpose of investigating safety performance history. Please complete the following sections and attach additional sheets if necessary for completion of any section.

DRIVER'S LICENSES

STATE	LICENSE NUMBER	TYPE	CLASS	ENDORSEMENTS	RESTRICTIONS	CDL PERMIT	EXPIRATION DATE
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAFFIC VIOLATIONS FOR THE PAST 3 YEARS (EXCEPT PARKING)

If none have occurred, please write "none"

DATE	LOCATION	CHARGE	PENALTY	VEHICLE OPERATED

ACCIDENT RECORD FOR THE PAST 3 YEARS

If none have occurred, please write "none"

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES	VIOLATION ISSUES

DRIVING EXPERIENCE & HISTORY

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	TRANSMISSION	TRAILER LENGTH	APPROX. MILES DRIVEN	DATE(S) (MM-YY)
STRAIGHT TRUCK		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
TRACTOR TRAILER		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
CRANE/BOOM		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
LADDERVATOR/ CONVEYOR		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
FORKLIFTS		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to
OTHER:		<input type="checkbox"/> Auto <input type="checkbox"/> Manual			to

List states operated in the last five years: _____

Special courses or training received which are relevant to the job for which you are applying: _____

Has your license ever been revoked or suspended in the last 10 years? Yes No

If yes, explain why: _____

Have you been convicted of an illegal drug or alcohol driving/operating offense in the past 5 years? Yes No

If yes, when: _____

Do you have a current medical certification card? Yes No Expiration Date: _____

Responses will not necessarily constitute an automatic bar to employment.

This certified that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that I must comply with all Federal, State, D.O.T. & Company regulations.

Commercial Driver Applicant Signature _____ Date _____