Corporate Contractors, Inc.

3800 Milwaukee Rd Suite 200
Beloit, WI 53511
Phone: (608) 362-2912
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APPLICATION FOR EMPLOYMENT

It is important that you answer all questions fully and accurately. Failure to do so may disqualify you from being considered for a position. 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). Testing for presence of illegal drugs will 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. As an equal opportunity employer, the Company intends to comply fully with all laws and the information requested on this Application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation. This application will be considered active for 1 year.

• PLEASE PRINT IN INK OR TYPE •

Position Desired	**Date of Application**

Name (Last) (First) (Middle)	Phone No: (Day) (Evening)
Street Address City/State/Zip Code	County

Addresses for past 3 years

1) Length of time at this address:

2) Length of time at this address:

3) 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: _____

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	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, Superintendent, Foreman, Carpenter, Concrete/Masonry, Roofer, and Laborer.

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

Driver's License No./State _____ Class _____

Expiration Date _____ Endorsements _____

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? ☐ Yes ☐ No If not, why?
Hours Worked per week	Last Salary			Reason for Leaving
State Job Title and Describe Your Work				Operated CDL Equipment ☐ Yes ☐ No

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

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

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

Corporate Contractors, Inc.

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 filed 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): _____

CONSTRUCTION TRADES OPENINGS

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

How Many Times / How Often

1. Can you operate:
   - Bobcat? ☐ Yes ☐ No _____
   - Endloader with backhoe? ☐ Yes ☐ No _____
   - Trucks with more than 5 speeds? ☐ Yes ☐ No _____
   - Boom lift (certified)? ☐ Yes ☐ No _____
   - Aerial lift platforms (certified)? ☐ Yes ☐ No _____

2. Can you work 10 hours a day? ☐ Yes ☐ No _____

3. Can you travel out of town for 1, 2 or 3 weeks at a time? ☐ Yes ☐ No _____

4. Do you hold a 10 Hour OSHA card? ☐ Yes ☐ No _____

5. Do you hold a 30 Hour OSHA card? ☐ Yes ☐ No _____

6. Do you have a CDL? ☐ Yes ☐ No _____

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

_____

_____

_____

_____