Buteyn-Peterson Construction Co, Inc. N7337 Dairyland Dr Sheboygan, WI 53083

-----An Equal Opportunity Employer-----

PERSONAL INFORMATION

Date of Application

APPLICATION FOR EMPLOYMENT

NOTE: You are not required to answer any questions on this form that you feel would infringe on your personal or legal rights..... This company is an equal employment opportunity employer, we will not tolerate discrimination because of sex, color, ancestry, disability, marital status, race religion, age, use of lawful products, arrest or conviction record, honesty testing, national origin, pregnancy or childbirth, sexual orientation, genetic testing or military service membership, all qualified applicants are welcome to submit applications for employment.

Job Applying For					
Name	(Middle)		_ (First) (Last)		
Address	(City)	(Street) (State)			
Phone No.	If Related To Anyo State Name And E	()			
Social Security No.	Referred By				
EDUCATION	NAME AND LOCATION OF SCHOOL	CERTIFICATE OR DEGREE		DID YOU GRADUATE?	AVERAGE GRADE
HIGH SCHOOL or equivalent					
COLLEGE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
SUBJECTS OF SPECIAL STUDY					

ACTIVITIES (CIVIC, ATHLETIC, PROFESSIONAL, ETC.)

APPRENTICESHIP OR INTERNSHIP	PPRENTICESHIP OR INTERNSHIP				
	Dat	tes Served			
What Trade of Program	From	То	No. Hours Served on the Job	No. Hours Class Room	
			-		

Additional Training or Experience

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)						
From	То	Name of Employer	Title or Duties of Position	Rate of Pay	Reason for Leaving	
В						
С						
D						
May we contact your present employer? Yes NoExplain REFERENCES: GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.						
(1)						
(2)						

(3)

TO BE COMPL	ETED BY ANYONE WHO WI	LL DRIVE EMPLOYER'S	S VEHICLE \	WHETHER I	REGULARLY OR OCCASIONALLY.	
	/ER'S LICENSE YOU HOLD	ISSUED BY WHAT	STATE		EXPIRATION DATE	
					_	
HAS YOUR DR	RIVER'S LICENSE BEEN REV	OKED OR SUSPENDE	D IN LAST 3	YEARS?		
					YES - IF YES, EXPLAIN	
HOW MANY YEARS HAVE YOU BEEN DRIVING?						
ANY RESTRIC	TIONS ON YOUR LICENSE?	NO	Y	ES - IF YES	S, EXPLAIN	
	E ANY MOVING TRAFFIC VIC) ATIONS OR ACCIDE	NTS IN THE	I AST 3 YR	S NO YES-IF YES, SHOV	
DETAILS BELC	DW.					
MO./YR.	DESCRIPTION OF VIOLATI	ONS (Not Parking)	MO./YR. DI	ESCRIPTIO	NOFACCIDENTS	
Equipment or M	Achinery you are proficient wi	th				
•	rk schedule have any restrictio					
	o travel, if required by job? ou give written evidence of a i					
	mber of any union, name then					
n you are a mo	niber of any amon, name anon	·				
	Notice to enalig	anta 8 amalayaaa, Cara	ning tooto fo	r alaahal an		
		ants & employees: Scree be required before and				
	It is understand th	nat employment with this		tomporany	Employment is for	
		project, until weather no				
	results in termi	nation. Seasonal emplo	-	guaranteed	from season to	
season.						
PHYSICAL INF		ich decorintion?				
Can you perion	m all of the duties listed in the	job description?				
IN CASE OF						
EMERGENCY	NOTIFY: <u>NAME</u>	ADDRESS	PHONE NO	<u>.</u>		
I authorize investigation of all statements contained in this application I understand that misrepresentation or omission of facts called for is cause for dismissal,						
further I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary be terminated at any time without previous notice.						
Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed termination from employment. It is						
by understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I						
release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information						
discovered as a result of this investigation may prevent my being hired or if hired may subject me to immediate dismissal. I agree that my employment may be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date						
of such termination. I understand and agree that I may be required to take a physical examination at company expense at any time to determine if I am physically fit for the job I am to perform and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the						
duties of a job I am being considered for prior to employment or in the future during my employment with the company. I further understand that this is an application for employment and that no employment contract is being offered. I have read and understand the above.						
i jurther understand	i mai inis is an application for employn	ient and that no employment o	unifact is being	orrerea. I have	reau anu understand the above.	
DATE:		SIGNATURE:				