

APPLICATION FOR EMPLOYMENT
M.P.B. BUILDERS, INC.
654 E. Oshkosh St. Ripon, WI 54971
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Please type or print, and answer all questions.

Date:

Personal Information:

Last name: _____ First Name _____ Middle _____
 Address _____ City _____ St _____ Zip _____
 Phone # Cell: _____ email: _____

Are you over the age of 18?

Are you a U.S. Citizen or otherwise currently authorized to obtain lawful employment in this country?

If required, do you have a valid Wisconsin driver's license?

If required, do you have a valid commercial driver's license?

Have you ever plead guilty to or been convicted of a misdemeanor or felony?

If yes, provide details as to the offense(s), date, and location of court. If job requires you to operate a motor vehicle, include traffic convictions (We will consider your record only as it may substantially relate to the job you are applying for)

Date	Offense	Location of Court

Position you are applying for:

Date you can start _____ Salary desired _____ Currently employed? _____ If yes, where? _____

Have you every applied at M.P.B. before? _____ If yes, When? _____

Education and Training (This will help determine what positions might be appropriate)

	Name/location of school	# of years	Graduate?	Main course of study
Grade School				
High School				
College				
Technical School				

Other relevant training or apprenticeship programs

Work experience: Start with your current or most recent job. Include self-employment and military service. For part time work, show average # of hours per month. Show any changes in job title for same employer as a separate position.

Employer	Address		
Your title	City, St, Zip		
Your duties	Phone	Name of Supervisor	
	Total time employed:		
	From (month & year)	To (month & year)	
	Last rate of pay		

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	Reason for leaving	
Employer	Address	
Your title	City, St, Zip	
Your duties	Phone	Name of Supervisor
	Total time employed:	
	From (month & year)	To (month & year)
	Last rate of pay	
	Reason for leaving	
Employer	Address	
Your title	City, St, Zip	
Your duties	Phone	Name of Supervisor
	Total time employed:	
	From (month & year)	To (month & year)
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Employer	Address	
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Your duties	Phone	Name of Supervisor
	Total time employed:	
	From (month & year)	To (month & year)
	Last rate of pay	
	Reason for leaving	

References: (persons not related to you)

Name	Address, City, St	Phone #	Business	Years acquainted

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 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 this application. I release from all liability or legal claims every person seeking or providing information, whether oral or in 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 this employer 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 statement which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and shall not be relied upon by me as the applicant for employment or as an employee, if hired.

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

I understand that if my application is accepted and I am offered employment, the employer may condition employment upon the successful completion of a physical or medical exam.

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

Date:

Signature

Typed name constitutes an electronic signature when electronically filed

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Please type or print, and answer all questions.

PRE-EMPLOYMENT QUESTIONS

Please reply with Yes, No or N/A

1. Work Saturdays if needed?
2. Obtain a CDL license?
3. Become a foreman if asked?
4. Out of town overnight if needed?
5. Attend safety meetings at minimum wage?
6. Climb ladders and roofs?
7. Fear of heights?
8. Able to work in all weather conditions?
9. Take directions/work independently?

\$50.00 will be deducted from your paycheck if you do not stay employed with M.P.B. Builders, Inc. for a minimum of (6) six weeks – this fee covers the hiring administration fees.

Employee agrees to random drug and alcohol screening.

Applicant Signature

Date

Typed name constitutes an electronic signature when electronically filed

Write a brief paragraph explaining why you want to work here and why M.P.B. Builders, Inc should hire you.