



Application for Employment

219 N. Whiteside St., PO Box 490
Hutchinson, KS 67504-0490
V 620-665-1155 F 620-665-0911

Date of Application

Full Name

Date Available to Work

Address

City

ST

ZIP

Home Phone

Cell Phone

Driver's License Number

Issuing State

Social Security Number

Is your Driver's License valid?

Yes No

Do you have any DUI's?

Yes No

If yes, provide the date(s) of the DUI(s)

Do you have reliable transportation?

Yes No

Are you at least 18 years of age?

Yes No

Are you a citizen of the United States?

Yes No

If not, write your Alien or Admission Number

What languages do you speak fluently?

English Spanish Other _____

Are you willing to work out of town?

Yes No

Have you been convicted of a felony?

Yes No

If yes, explain

Did you graduate from High School?

Yes No

Name of school; Grades completed

Have you attended Vocational School?

Yes No

Name of school; Instructor

Have you attended college?

Yes No

Name of school; Degree; Years completed

Do you have any physical disability that
would limit you on a construction jobsite?

Yes No

If yes, explain

Construction experience (years)

Concrete/Masonry: _____

Iron/Metals: _____

Carpentry: _____

Finishes: _____

Rate your skills on a scale of 0-4 (4 being best)

Foundation walls _____ Slab prep/Finishing _____ Masonry _____

Steel Erection _____ Metal Buildings _____ Welding _____

Wood Framing _____ Metal Framing _____ Trim Work _____

Drywall & Paint _____ Doors & Hardware _____ Specialties _____

Position(s) desired (circle)

Laborer Carpenter Lead Carpenter Foreman Superintendent

Wage desired: \$ _____ / hour

Explain why this would be an
appropriate position and wage
for you.

PREVIOUS EMPLOYMENT (Beginning with the most recent)

Employer	Phone number	Start	/
		(Mo / Year)	
City & State	May we contact? Yes No	End	/
		(Mo / Year)	
Position(s)	Supervisor	Phone	
Duties		Pay: Start / End	
Reason for Leaving			

Employer	Phone number	Start	/
		(Mo / Year)	
City & State	May we contact? Yes No	End	/
		(Mo / Year)	
Position(s)	Supervisor	Phone	
Duties		Pay: Start / End	
Reason for Leaving			

Employer	Phone number	Start	/
		(Mo / Year)	
City & State	May we contact? Yes No	End	/
		(Mo / Year)	
Position(s)	Supervisor	Phone	
Duties		Pay: Start / End	
Reason for Leaving			

Employer	Phone number	Start	/
		(Mo / Year)	
City & State	May we contact? Yes No	End	/
		(Mo / Year)	
Position(s)	Supervisor	Phone	
Duties		Pay: Start / End	
Reason for Leaving			

As a condition of employment, I agree to submit to: A medical examination **Yes** **No** A drug test **Yes** **No**

STATEMENT OF RELEASE

I understand that employment with Wiens & Company Construction, Inc. (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I authorize the Company to conduct an investigation of my employment and personal history to verify data submitted on this application and in any interviews. I authorize all individuals, institutions, schools, and firms named to provide any requested information and release them from any and all liability for providing the requested information. If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential. I understand that my employment or continued employment is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I affirm that the information and statements I have provided herein are true, and complete to the best of my knowledge. I understand that if employed, any false statements on this application may result in termination.

Signature of Applicant: _____ Date Signed: _____