



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

Do you have a valid Driver's License? **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 legally qualified to work in the US? **Yes No**

What languages do you speak fluently? **Yes No** 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: _____