

# NORCON

CORPORATION  
DIVERSIFIED CONSTRUCTION SERVICES

5600 Municipal Street, Schofield WI 54476

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## Application for Employment

Applicant will receive consideration of employment without discrimination because of sex, race, color, national origin, religion, age, veteran status or the presence of physical or mental disabilities. The company will consider adjustments or changes needed by qualified applicants to do a job because of a limitation caused by a disability. **All portions of this application must be completed.**

Today's Date: \_\_\_\_\_

Availability Date: \_\_\_\_\_

### Personal Information:

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

SSN or GOVT ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Seeking Position As: \_\_\_\_\_

### Are You:

Are you over the age of 18?  Yes  No

Legally authorized to work in the U.S.?  Yes  No

A previous applicant?  Yes  No When and Where: \_\_\_\_\_

A previous employee?  Yes  No When and Where: \_\_\_\_\_

On layoff subject to recall?  Yes  No

Willing to work overtime or weekends?  Yes  No

Willing to work underground  Yes  No

Willing to work in wet or gaseous conditions?  Yes  No

Willing to work on high platforms and lifts?  Yes  No

Willing to travel to other work locations?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes please explain the date and nature of the felony: \_\_\_\_\_

List two persons not related to you and by whom you have not been employed that we can contact as a personal reference?

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Years Known: \_\_\_\_\_

Telephone: \_\_\_\_\_

List your work experience beginning with your present or most recent employer FIRST.

Complete as many as needed:

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Employed From & To: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Employed From & To: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Employed From & To: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**High School Education/GED:**

Have you earned a High School Diploma or GED?  Yes  No

School Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Year Attended: \_\_\_\_\_  
Did you Graduate:  Yes  No GED ( Date Earned): \_\_\_\_\_

**Vocational / Technical:**

School Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Year Attended: \_\_\_\_\_  
Did you Graduate:  Yes  No

**College:**

School Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Year Attended: \_\_\_\_\_  
Did you Graduate:  Yes  No

School Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Year Attended: \_\_\_\_\_  
Did you Graduate:  Yes  No

List any other skills, MSHA or OSHA training, licenses or certificates that may be job-related or that you feel would be of value to the position for which you are applying. Include licenses, certifications and/or registrations giving dates and sources of issuance.

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## AGREEMENT AND CERTIFICATION

I certify that I am genuinely and truthfully seeking employment with Norcon. If employed, I agree:

1. That I will abide by all company policies and health, safety and work rules.
2. That I will work all reasonable required overtime.
3. That I have the right to terminate my employment with the Company at any time and that Norcon reserves the same right. I further understand that no representative of the Company other than the President has any authority to enter into any employment agreement for any specified period of time.

I certify that all statements contained in this application, or made in conjunction with it, are true and correct, and any misrepresentations or omission of facts called for may result in my dismissal regardless of when the correct information becomes known to Norcon.

I certify that I understand that the purpose of this application form is to evaluate my qualifications for employment. I further understand that additional testing regarding job related physical ability and the presence of drugs in my body may be required.

I certify that I expressly authorize Norcon to check any information, reference, former employer, driving record and license status or any other source to evaluate my application and hereby release Norcon and any persons, or companies from any liability whatsoever in connection with obtaining, giving or using such information. By signing below, I agree to familiarize myself with Norcon's policies prohibiting sexual and other forms of harassment and to report to a supervisor or manager, any inappropriate sexual conduct or other form(s) of discrimination that I either observe or am subjected to.

I agree to the above terms.

Signature: \_\_\_\_\_