

# Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date of Interview (Month/Day/Year):

## Applicant Data

How were you referred to us:

Position Applied for:

Full Name:

Address:

City:

State:

Zip:

Phone:

Mobile/Pager/Other:

E-mail:

Date Available to Start:

Social Security Number: - -

Salary Requirements:

If you are under 18 years of age, can you provide a work permit?  Yes  No If no, please explain:

Have you ever worked for this company?  Yes  No If yes, when?

Are you a citizen of the United States?  Yes  No

If not, are you legally allowed to work in the United States?  Yes  No

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal

Have you ever pleaded guilty, no contest or been convicted of a crime?  Yes  No If yes, give dates and details:

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number (if applicable to position):

State:

## Summarize Your Special Skills or Qualifications

Previous Employment (begin with most recent position)

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: \_\_\_\_\_

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

**AUTHORIZATION OF  
EMPLOYEE OR PROSPECTIVE EMPLOYEE**

***I hereby state that:***

- A. I am an employee or prospective employee of the company ("Company") designated below.
- B. I authorize the said Company, or its agent(s), to obtain my Motor Vehicle Report ("MVR") from the respective issuing state, to be used for the following purposes:
  - 1. By said company to verify information relating to my license and qualifications to determine whether I should be employed to operate a commercial vehicle or my personally owned vehicle for business purposes upon the public highways of said state; and/or
  - 2. By the Company's insurance carrier for underwriting purposes.
- C. I understand that "Commercial Vehicle" means any vehicle for which the principal use is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.
- D. I hereby certify that the Company has made all disclosures to me as required under Section 606 of the federal Fair Credit Reporting Act, 15 USC § 1681d.
- E. I have been advised, and hereby acknowledge and agree, that the MVR may be sent between the parties via facsimile or email, both of which are non-secure modes of transmission.
- F. I further understand that no information contained in the MVR shall be divulged, sold, assigned or otherwise transferred to any third person or party.
- G. This authorization form is valid for one year from the date of signing.

\_\_\_\_\_  
**Employee or Prospective Employee**

\_\_\_\_\_  
**Drivers License Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date of Birth**

**Company Name:**

**By:** \_\_\_\_\_  
**its Authorized Representative.**



## **Holton Brothers, Inc. Contractors**

**1257 Terminal Road  
Grafton, WI 53024**

**Phone: 262-377-7887  
Fax 262-377-0615**

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**Masonry Repairs - Tuckpointing - Caulking - Waterproofing**

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**The below signed job applicant has authorized you as a former employer to release work information about them to Holton Brothers, Inc.**

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**Job Applicant Authorized Signature / Date**





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## DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT

Holton Brothers Inc ("The Company") may request an investigative consumer report about you from a third party consumer reporting agency<sup>1</sup>, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

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

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

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Holton Brothers Inc at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by InCheck, Inc., 7500 West State Street, Suite 200, Wauwatosa, WI 53213, telephone number (866) 265-9426, [www.incheck.net](http://www.incheck.net) and/or Holton Brothers Inc. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

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

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

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Holton Brothers Inc ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by InCheck, Inc., 7500 West State Street, Suite 200, Wauwatosa, WI 53213, telephone number (866) 265-9426, [www.incheck.net](http://www.incheck.net). The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

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

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