



Application for Employment

We sincerely appreciate your interest in employment with **H. J. PERTZBORN (HJP)**. H.J. Pertzborn Plumbing & Fire Protection Corporation is an equal opportunity employer and affirmative action employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, ancestry, age, genetics, pregnancy or childbirth, disability, marital or veteran status, sexual orientation, or any other legally protected status. ***(A résumé does not replace the requirement to have this form completed. However, it may be included). Incomplete applications will not be considered.*** If you need any assistance in the completion of this form or in our application process, please ask and we will be glad to help you.

PLEASE PRINT

Last Name				First Name				Middle Name				Date of Application			
Address		Number		Street				City		State		Zip code			
Home:		Cell:		e-mail:											
State age if Under 18:		When is the best time To contact you?				Position you are applying for:									
Is this in response to an advertised position? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>				Work Status Preference: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>							
If offered employment, when would be able to start? Mo. ___ / date ___ / Yr. _____						Rate/Range of pay desired: _____/ hr or _____ yr.									
Have you ever been employed with us? Yes <input type="checkbox"/> No <input type="checkbox"/>						If yes, position(s) held and approximate dates worked:									
Have you ever applied with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>						If yes, please give date(s) and position(s) applied for.									
Do you have any relative(s) currently working for us? Yes <input type="checkbox"/> No <input type="checkbox"/>						If yes, what is (are) their relationship(s) to you?									
Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If required, do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No						Are you able to lawfully work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Can you prove ability to lawfully work in the US if offered employment? Yes <input type="checkbox"/> No <input type="checkbox"/>				If no, and/or unsure, please explain: 											
Are there specific times when you cannot work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which days/times: Are you able to work overtime if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>															
Have you ever been terminated, discharged or asked to resign from any position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain. 															

(Please continue on next page)

WORK EXPERIENCE

Start with your present or last job and leave no gaps showing immediate prior employment regardless of length of employment.

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number(s)	Starting	Final	
Starting / Present Job Title			
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number(s)	Starting	Final	
Starting / Present Job Title			
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number(s)	Starting	Final	
Starting / Present Job Title			
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate / Salary		
Telephone Number(s)	Starting	Final	
Starting / Present Job Title			
Supervisor	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Reason for Leaving

If you answered 'no' for contacting any previous employer, please explain.

References

Please list 3 employment references (preferably supervisory) .

Name of Person	Name of Business	Relationship
E-mail Address	City, State, Zip	Phone
Name of Person	Name of Business	Relationship
E-mail Address	City, State, Zip	Phone
Name of Person	Name of Business	Relationship
E-mail Address	City, State, Zip	Phone

Position Specific: Qualifications / Skills / Certifications, etc.

Please list the qualifications, experiences, etc. that you feel especially qualify you for this position.

Education

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	Post high School 1 2 3 4 5 6 +
Name of last school attended:	Location:	
Most current degree achieved:	Where obtained:	

H. J. PERTZBORN
Applicant Acknowledgment
(Please read carefully, than sign below)

I certify that all statements and information contained in this application were made by me and are true, correct and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of any kind on this form and/or during H. J. PERTZBORN's (HJP's) employment process may result in denial of employment, or be cause for subsequent dismissal if hired.

I authorize HJP to investigate my responses on this application and to contact all former employers or any individuals familiar with my employment background and me unless so specified otherwise within the reference section of this application form. I also understand that criminal convictions, driving records and/or credit records checks are required for specific positions as a condition of employment and that I will be notified if this is a requirement. HJP reserves the right to condition such investigations for purposes of verifying information I have provided or for obtaining any information — whether favorable or unfavorable — about my employment or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me and/or my employment, as conditioned by law. I understand that as part of the application process I may be required to participate in various pre-employment assessments and as a condition of employment, be required to complete all employment related paper work and/or processes.

I understand that upon receiving a job offer, a physical examination and/or drug screening may be required. (Note: If this is a job requirement, you will be notified of this requirement. Such requirement would have to be successfully completed as a condition of employment.)

Regardless of whether or not I become employed by HJP, I recognize that this form, HJP's application process, and any offer of employment should not be considered as a contract of employment. I understand:

- That employment with HJP is on an "at-will" basis, and that either the company or I can terminate my employment with or without cause and/or notice, at any time, unless I have been issued a written employment contract;

- That no person other than HJP's Company President has the authority to offer any agreement regarding employment or an employment contract;

- That unless such agreement /contract has been executed in writing to me by HJP's Company President, my employment with HJP is "at-will" and I in no way bind HJP to a contractual agreement regarding permanency of employment.



Applicant Signature

____/____/____
Date

Please print name

Thank you for your time and interest in pursuing employment with
H.J. PERTZBORN PLUMBING & FIRE PROTECTION CORPORATION.
An Equal Employment Opportunity & Affirmative Action Employer

H.J. Pertzborn Plumbing & Fire Protection Corporation Self-Identification Form

H.J. Pertzborn Plumbing and Fire Protection has adopted an Affirmative Action Ordinance and the following information is voluntary and allows us to meet government-reporting requirements and evaluate the effectiveness of our recruitments efforts. The information will be kept confidential and when reported, data will not identify any specific individual. Refusal to provide this information will not subject you to any adverse treatment in accordance with H.J. Pertzborn Plumbing & Fire Protection Corporation policies and procedures which forbids discrimination-based on this information.

Last name (Print clearly)	First name	Middle name	Date
Application for position of: _____ Department/Division _____			

VETERAN STATUS: (Please check one)

- Non Veteran
 Veteran claiming disability
 Veteran (DD214 Form must be attached)
 Other (specify service dates): _____

ETHNICITY: (Select one)

- Hispanic or Latino-A person or Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 Not Hispanic or Latino

Race: (Select one or more)

- American Indian or Alaskan Native- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
 Asian- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
 Black or African American-A person having origins in any of the Black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Gender: Male Female

Disability: Do you have a disability? Yes No

H.J. Pertzborn Plumbing & Fire Protection Corp. considers a person with a disability anyone who meets the definition under either the American With Disabilities Act or the Wisconsin Fair Employment Act. You may contact the Occupational Accommodations Specialist at the number listed below if you need additional information.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify H.J. Pertzborn Plumbing & Fire Protection Corp. at (608) 256-3900

I need an accommodation in the hiring /examination process: Yes No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other):

**** You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating Reasonable accommodation.**