



DEAR APPLICANT,

THANK YOU FOR YOUR INTEREST IN DK CONTRACTORS, INC. ATTACHED YOU WILL FIND OUR APPLICATION FOR EMPLOYMENT. BEFORE YOU BEGIN, WE WOULD LIKE TO EXPLAIN A FEW RULES (SAFETY AND WORK) THAT ARE EXPECTED FOR ALL EMPLOYEES.

1. ALL EMPLOYEES ARE TO WEAR WORK BOOTS – NO TENNIS SHOES. HARD HATS ARE REQUIRED AT ALL TIMES AS WELL AS SAFETY GLASSES. EAR PROTECTION MAY ALSO BE REQUIRED. ALL PANTS ARE TO BE LONG (NO SHORTS) AND ALL SHIRTS ARE TO HAVE SLEEVES. NO LOOSE CLOTHING OR DANGLING JEWELRY SHOULD BE WORN.
2. SOME OF OUR CLIENTS HAVE RANDOM DRUG/ALCOHOL TESTING REQUIREMENTS. THEREFORE, WE DO TOO. PLEASE DO NOT BE OFFENDED. YOU AS WELL AS ALL EMPLOYEES AT DKC WILL ALSO BE SUBJECT TO RANDOM TESTING. YOU WILL BE TESTED BEFORE YOUR EMPLOYMENT BEGINS.
3. SMOKING. THE OFFICE AS WELL AS THIS PROPERTY IS SMOKE-FREE. NO SMOKING /CHEWING IS ALLOWED. WHEN WORKING AT SOME PROJECTS, THIS IS ALSO A REQUIREMENT.
4. YOUR RATE OF PAY WILL BE BASED ON THE AREA THAT YOU ARE WORKING. WE WORK BOTH IN THE STATES OF ILLINOIS AND WISCONSIN. IF YOU ARE WORKING IN WISCONSIN, THAT IS WHAT YOUR SCALE WILL BE. THE SAME FOR ILLINOIS. THIS IS NOT NEGOTIABLE.

I UNDERSTAND THESE BASIC RULES AND AGREE TO ADHERE.

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PLEASE SIGN YOUR NAME AND DATE THIS FORM

THANK YOU,

MICKY DAY, PRESIDENT

IT HAS BEEN AND SHALL CONTINUE TO BE THE POLICY OF DKC THAT THERE SHALL BE NO DISCRIMINATION BASED ON RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, DISABLED VETERAN OR VIETNAM ERA VETERAN,, MARITAL STATUS, SEXUAL ORIENTATION IN ANY PERSONNEL ACTION INCLUDING RECRUITING, HIRING, WORK ASSIGNMENTS, JOB TRAINING, E.G., OJT TRAINING, APPRENTICESHIP TRAINING, FOREMEN TRAINING PROGRAMS, ETC, SENIORITY PRACTICES, ASSIGNMENT OF OVERTIME HOURS, PROMOTION, RECALL AND TERMINATION, INCLUDING SEASONAL LAYOFF. SIMILARLY, ALL WAGES, INSURANCE PROGRAMS AND SOCIAL OR RECREATIONAL PROGRAMS WILL BE ADMINISTERED IN CONFIRMITY WITH THIS POLICY.





APPLICATION FOR EMPLOYMENT QUESTIONER  
EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

11013 - 122<sup>ND</sup> STREET PLEASANT PRAIRIE, WI 53158

(262)857-7414 Fax (262)857-2927

NAME	SOCIAL SECURITY #	PHONE NUMBER	REFERRED BY:
ADDRESS	CITY	STATE	ZIP CODE

**EMPLOYMENT DESIRED**

POSITION	DESIRED START DATE	DESIRED SALARY	ARE YOU CURRENTLY EMPLOYED NOW?
IF EMPLOYED, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		ARE YOU A MEMBER OF A TRADE UNION, IF SO, WHICH ONE? AND WHAT LOCAL?	

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS - ANY CLASSES TAKEN (SAFETY OR SKILLS) FROM UNION?

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IS MILITARY OR NAVAL SERVICE - RANK

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**FORMER EMPLOYEES**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE - MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

**REFERENCES**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS KNOWN

THE WORK PERFORMED AT THIS COMPANY IS PHYSICALLY STRENUOUS. DO YOU HAVE ANY PHYSICAL LIMITATIONS (I.E. WEIGHT LIFTING LIMITS, BAD BACK, ETC)? PLEASE LIST ANY AND ALL LIMITATIONS, AND IF GIVEN LIMITS BY A PHYSICIAN/THERAPIST/CHIROPRACTOR, PLEASE LIST THEIR NAMES AND TELEPHONE NUMBERS.

LIMITATION	WHAT ARE THE LIMITS?	DOCTOR/THERAPIST/CHIROPRACTOR AND PHONE NUMBER(S)

**AUTHORIZATION**

I CERTIFY THAT THE FACTS CONTAINED IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES/EMPLOYERS/DOCTORS/THERAPISTS/CHIROPRACTOR LISTED ABOVE MAY GIVE TO YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

REMARKS:  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NEATNESS \_\_\_\_\_ CHARACTER \_\_\_\_\_

PERSONALITY \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED? \_\_\_\_\_ POSITION \_\_\_\_\_ START DATE \_\_\_\_\_ SALARY \_\_\_\_\_