



LABORERS' LOCAL 140

Wisconsin Laborers' Construction & General Laborers' Application for Membership/Employment

LiUNA!
Feel the Power

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

APPLICATION DATE: _____/_____/_____
LAST NAME: _____ FIRST NAME: _____ MI: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____
PHONE NUMBER(S): _____
EMAIL ADDRESS: _____

Do you have a valid driver's license?	YES	NO
Do you have transportation?	YES	NO
Do you have a CDL?	YES	NO
Have you ever applied with us before?	YES	NO
Are you currently employed? If so, with who: _____	YES	NO
May we contact your present employer?	YES	NO
Are you currently on "lay-off" status and subject to recall?	YES	NO
Are you willing to work overtime and/or weekends if the job requires?	YES	NO
Can you travel if a job requires it? How many miles: _____		
Date available to start work: _____		

EDUCATION

All School/Education/Diploma/GED completed: _____

PLEASE ANSWER ALL QUESTIONS TO BE CONSIDERED FOR LABORER POSITIONS

EMPLOYMENT HISTORY

Please begin with present job or most recent employer. Include any construction jobs, related military service, assignments, and volunteer activities.

Company Name: _____ Phone number: _____
 Company Location: _____ Dates of Employment: _____
 Supervisor Name: _____ Job Title: _____
 Description of job responsibilities: _____
 Rate of Pay: _____ Reason for leaving: _____

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WORK EXPERIENCE- SKILL SETS

Please indicate with the number of months/years of experience. Only indicate the skills that you are qualified to perform or have previously performed with confidence and are currently able and willing to perform.

* You may be asked to verify these skills with dates and contractor names

Cutting Torch _____
Demo _____
Drill Rigging _____
Fire Proofing _____
Forklift _____
Form Setting _____
Grouting _____
Hoisting/Rigging _____
Hydro Mobile _____
Jack Hammer _____
Mason Tender _____
Mortar Mixer _____
Power Buggy _____
Sewer & Water
Pipe Layer _____
Top Man _____
Bottom Man _____
Landscape
Commercial _____
Residential _____

Concrete
Curb & Gutter _____
Finisher _____
Flat Work _____
Footings/Walls _____
Gunite _____
Power Laser _____
Puddling _____
Pump _____
Rebar/Mesh _____
Saw _____
Shotcrete _____
Sidewalk _____
Vibrator _____
Road Work
Concrete _____
Bridge _____
Blacktop _____
Flagging _____
Guardrails _____
Line/Grade _____
Paver _____

Road Saw _____
Scaffold Building _____
Skid Loader _____
Waterproofing _____

LICENSES- CERTIFICATIONS
Please include expiration dates if possible
Asbestos Abatement _____
Lead Abatement _____
Hazard Waste Worker _____
CDL _____
Forklift Operator _____
Scaffold Building _____
Welding _____
Hoisting/Rigging _____
OSHA 30 _____
Flag/Traffic Safety Certification _____
Restricted Plumbing _____
Weatherization _____

All construction and labor experience listed above must be described and supported by your job history.

UPON HIRE ALL LABORERS' ARE SUBJECT TO MANDATORY DRUG/ALCOHOL TESTING.

I swear that the foregoing information is true and factual.

SIGNATURE: _____ DATE: _____

AFFIRMATIVE ACTION QUESTIONNAIRE

One of the requirements of the Affirmative Action Program for Federal or Federally Assisted Construction Contracts is to report the number of handicapped, veteran, male/female, and minority/non-minority employees and applicants we have. In order to accurately report this number, we would like to complete the following questionnaire.

NAME: _____

SUBMISSION OF THE INFORMATION REQUESTED BELOW IS STRICTLY VOLUNTARY.

Referral Source:

_____ Advertisement _____ Employee _____ Relative
_____ Walk-In _____ Other
_____ Government Employment Agency _____ Private Employment Agency

Race/Ethnic Group:

_____ White _____ Hispanic _____ Black
_____ American Indian/Alaskan Native _____ Asian/Pacific Islander _____ Other

Sex:

_____ Female _____ Male

Additional Information (please "X" all categories that are applicable to you)

_____ Vietnam Era Veteran _____ Veteran _____ Handicapped Individual

If Veteran of U.S. Military Service list branch _____

Duties _____

Rank/rating at time of enlistment _____ Rank/rating at time of discharge _____

Number of years of service _____

This information will only be used for Affirmative Action reporting purposes and will not become part of your employment title or application, nor will it be used as a basis for any personnel action. Submission of this information is confidential, and is solicited on a strictly voluntary basis. Your decision to provide the information will not result in any adverse treatment.

This company is an Equal Opportunity / Affirmative Action Employer and does not discriminate on the basis of race, religion, age, handicap, national origin, sex, color, creed, ancestry, sexual orientation, marital status, pregnancy, or childbirth, use of lawful products, arrest or conviction record, honesty testing, genetic testing, military service membership, status with regard to public assistance or other basis prohibited by applicable local, state, or federal fair employment laws or regulations.

Signature _____

Date _____