

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

# An Equal Opportunity Employer **Application for Employment**

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

1. Position applied for\_\_\_\_\_

2. Agency

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

3. Date of Birth

(Date of Birth required for background checking)

4. Full I	egal Name Last	First	Middle	_6. Home Phone ()
5. Addr	ess			7. Business Phone ()
				8. E-mail Address
	City	State	Zip	
a. Driv	ER'S LICENSE INFORM/ /er's License Number: /iration Date:	ATION		-
		Tell us how you found out	about this	position!
	<ul> <li>www.gestrainc.com</li> <li>Milwaukeejobs.com</li> <li>Handshake</li> </ul>		🗆 Edu	Center of Wisconsin cational Institution: er:
10 EDI				

- a. Check highest grade completed 1 1 2 3 4 5 6 7 8 9 10 11 12
- c. Check number of years of post high school education  $\Box 1 \Box 2 \Box 3 \Box 4 \Box 5 \Box 6$

	Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1.						
2.						
3.						

d. If you expect to complete an educational program in the near future, please indicate what type of degree or

#### program and expected completion date:

e. Typing Speed (WPM)

Use this space for any additional information you think would help us evaluate your application, including training, f. seminars, workshops, and special achievements or specialized skills:



### g. **PROFESSIONAL LICENSES** along with certificate or other authorization to practice a trade or profession.

Туре	License Number	Address on ID	Granted by (licensing board)	Is this license Valid? (Yes or No)	

## 11. REFERENCES (Professional or Educational References Preferred)

List names, addresses and relationships of three persons not related to you who know your qualifications: May we contact the references listed?  $\Box$  No  $\Box$  Yes

Name	me Address Phone Relat		Relationship

#### 12. MISCELLANEOUS

- a. Check which job status you will accept: 🛛 🛛 Full-Time 🔅 🗠 Part-Time (specify) \_\_\_\_\_\_
- b. Check which employment status you will accept: 
  □ Salary 
  □ Hourly
- c. Are you willing to accept employment which requires you to travel? □ No □ Yes. If yes, □ During the day only, □ Occasionally overnight, □ Frequently overnight.
- d. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the US? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- f. Are you willing to provide your own transportation if necessary for your employment? □ Yes □ No If yes be advised you may not drive your vehicle for any company business without suitable insurance coverage.
- g. Are you a veteran who received an honorable discharge and has (i) provided more than 180 consecutive days of full-time active-duty in the armed forces of the United States or reserve components thereof, including the National Guard, or (ii) has a service-connected disability rating fixed by the United States Veterans Affairs?
   Yes
   No.

If yes, did you serve during the Vietnam Conflict (2/28/61 – 3/7/75)? □ Yes □ No

h. Have you ever been convicted for any violation(s) of law, including moving traffic violations? □ Yes □ No.

If yes, please provide the following: Description of offence; Statute or ordinance (if known); Date of Charge;
Date of Conviction; and County, City, State of Conviction. (for additional convictions use plain paper. Include all
information listed
above)

i Do you authorize Gestra Engineering to complete a background check by checking government terrorist watch lists, checking state and county criminal history records, and state motor vehicle records? 
□ Yes □ No.

Be advised you have the right to confirm the accuracy of information determined during a background check. We expect to keep records for at least 6 months. We will only release this information to a third party if legally bound to do so.

- 13. When will you be available to start work? \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year
- 14. **PRE EMPLOYMENT DRUG SCREENING & Preplacement Physical** Please note offers are contingent upon ability to pass a pre employment drug screening that is funded by GESTRA. A preplacement physical may be required.
- 15. **CERTIFICATION** Each application requires current date and original signature.

I hereby certify that all information provided on this application and possible attachments is true and accurate.

Date \_\_\_\_

# Applicant Signature



**EXPERIENCE**- Starting with the most recent, please describe ALL paid, military, and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

May we contact your	present supervise	or? □ Yes □ No
a. Job Title		Duties:
Employer		Phone
Address		
Title	Num	ber and titles of employees you supervised
Salary (start)	(finish)	Equipment used
Dates (mo/yr)	to (mo/yr)	Reason for leaving
Full-time Part-tin	ne Hours/wk	Your name if different from present
Are you eligible fo	or re-hire with this	s company? □ Yes□ No
b. Job Title		Duties:
Employer		Phone
Supervisor		
		ber and titles of employees you supervised
Salary (start)	(finish)	Equipment used
Dates (mo/yr)	to (mo/yr)	Reason for leaving
Full-time Part-tin	ne Hours/wk	Your name if different from present
Are you eligible fo	or re-hire with this	s company? □ Yes□ No
c. Job Title		Duties:
Employer		Phone
Address		
Supervisor		
		ber and titles of employees you supervised
Salary (start)	(finish)	Equipment used
Dates (mo/yr)	to (mo/yr)	Reason for leaving
Full-time Part-tin	ne Hours/wk	Your name if different from present
Are you eligible fo	or re-hire with this	s company? □ Yes□ No



GESTRA Engineering, Inc. 191 W. Edgerton Avenue Milwaukee, WI 53207 P (414) 933-7444 F (414) 933-7844

d. 🕻	Job Title	Duties:			
		Phone			
Address					
	ervisor				
		r and titles of employees you supervised			
S	Salary (start) (finish)	Equipment used			
		Reason for leaving			
		Your name if different from present			
A	Are you eligible for re-hire with this co	ompany? □ Yes□ No			
Ν	May we contact this employer to verif	fy employment? □ No □ Yes			
е.	Job Title	Duties:			
Emp	loyer	Phone			
Addr	ess				
	ervisor				
		r and titles of employees you supervised			
		Equipment used			
		Reason for leaving			
		Your name if different from present			
	Are you eligible for re-hire with this company? □ Yes□ No				
	May we contact this employer to verif				
		Duties:			
		Phone			
Supe	ervisor				
Title					
5	Salary (start) (finish)	Equipment used			
[	Dates (mo/yr) to (mo/yr)	Reason for leaving			
F	Full-time Part-time Hours/wk	Your name if different from present			
A	Are you eligible for re-hire with this co	ompany? □ Yes□ No			
May we contact this employer to verify employment? $\Box$ No $\Box$ Yes					