



**EDUCATION**

Schools	Name and Location	Circle Last Year Completed	Major Course	Diploma Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade School		1 2 more		

**EXPERIENCE RECORD - List equipment and machinery Operating Experience.**

Equipment	Years	Brief Description

**REMARKS or ADDITIONAL INFORMATION:**

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It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for the cancellation of this application and / or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I also understand that screening tests for illegal drug use are required as a condition of employment.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTERVIEW COMMENTS (OFFICE USE ONLY)**

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# APPLICATION FOR EMPLOYMENT

## WINGRA STONE CO. - WINGRA REDI-MIX, Inc.

P. O. Box 44284

Phone No. 271-5555

MADISON, WISCONSIN 53744-4284

Name \_\_\_\_\_ Date \_\_\_\_\_

Last First Middle

Home Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number and Street

Social Security # \_\_\_\_\_

City State Zip

### VOLUNTARY INFORMATION

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action Responsibilities where they apply. In an attempt to judge the effectiveness of our recruitment efforts, we request that you provide the following information. This information will, in no way, be used in the decision to hire or promote.

<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>DATE OF BIRTH</b>  	<b>RACE (Indicate)</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hispanic	<b>How Did You Learn of This Vacancy ?</b>  
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### NONDISCRIMINATION ON THE BASIS OF DISABILITY

"Qualified individuals with disabilities . . . shall not solely by reason of their disability be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity" (Section 504 of the Rehabilitation Act of 1973 (29 U. S. C. 706) (8), 794. In accordance with preceding and Section 1630.4, EEOC Americans with Disabilities Act Employment, Regulations, the Wingra Stone Company and Wingra Redi-Mix, Inc. invites applicants for employment to indicate whether and to what extent, they are disabled. The following information is intended for use solely in connection with our employment record keeping efforts, and is to be provided on a voluntary basis. It will be kept confidential and it will be used only in accordance with the applicable laws. Refusal to provide it will NOT subject you to any adverse treatment.

In accordance with EEOC Americans with Disabilities Act Employment Regulations, 1630.2 (g) and; Section 504 of the Rehabilitation Act of 1973 a "Disabled Person" means any person who:

1. Has a physical or mental impairment which substantially limits one or major life activities;
2. Has a record of such an impairment; or
3. Is regarded as having such an impairment.

Please check below if you feel you qualify for this designation.

- I feel I do qualify as an individual with a disability     
  I do not qualify as an individual with a disability

What special assistance / modifications would help you compete in the employment process ? (For example, sign language interpreter, special aids; reader or writer, etc) \_\_\_\_\_

Signature \_\_\_\_\_