

P.O. Box 5367 DePere, WI 54115 Phone 920.983.9040 : Fax 920.983.9050

"We are an Equal Opportunity Employer functioning under an Affirmative Action Plan"

Personal Information				
News				
Name First	Middle Initial	Last		
11130	.madic fillial	Lust		
Address	City	State	Zip	
Phone # Co	ell#	E-mail		
18 or over? Are you willing to travel?	Referred by?			
Do you have a valid drivers license, if so number (necessary for driving positions only)		Expiration		
theressary for arriving positions only)				
Do you have a CDL ?	Class			
Are you legally eligible for employment in the United States?				
Have you worked for Relyco, Inc.? If yes, when		When are you available?		
Position Desired:		Current member of Union?)	
Operating Engineer		Union Local N		
Truck Driver		Union Local N		
Laborer		Union Local N	0.	
Flagging		Union Local N	0.	
Other (Mechanic)		Union Local N	0.	
Equipment able to energic				
Equipment able to operate				
Employment History				
Please list your last three employers, most recent first				
Employer A	ddress	P	Phone #	
Starting Date Leaving Date P	osition	Reason for lea	aving	
Employer A	Address	n	Phone #	
A	nuul C33	P	HOHE #	
Starting Date Leaving Date P	Position	Reason for lea	aving	
	III		1	
Employer A	Address	P	Phone #	
Starting Date Leaving Date P	osition	Reason for lea	aving	

NOTICE TO APPLICANT				
T IS THE POLICY OF THIS COMPANY TO HIRE, PROMOTE AND TERMINATE EMPLOYEES SOLELY ON THE BASIS OF QUALIFICATION				
AND MERIT. THERE IS NO DISCRIMINATION AGAINST OR PREFERENCE FOR E				
COLOR, CREED, SEX, AGE, SEXUAL ORIENTATION, NATIONAL ORIGIN, PHYSICAL/MENTAL DISABILITY OR ANY OTHER				
CHARACTERISTIC PROTECTED BY LAW WHICH DOES NOT PREVENT SATISFAC	TORY PERFORMANCE OF WORK.			
 I UNDERSTAND THAT DUE TO THE SEASONAL NATURE OF CONSTRUCTION W	/ORK MY FMPI OYMFNT MAY BE TEMPORARY AND			
LAYOFFS MAY OCCUR ON SHORT NOTICE.				
and the first of t				
I UNDERSTAND THAT I WILL BE REQUIRED TO UNDERGO A PRE-EMPLOYME	NT ALCOHOL AND DRUG SCREENING.			
I UNDERSTAND THAT IN THE EVENT I AM EMPLOYED BY YOU, ANY MISREPRESENTATION CONTAINED HEREIN SHALL BE GROUNDS				
FOR DISCHARGE.				
 I UNDERSTAND THAT I MAY BE REQUIRED TO ATTEND JOB SPECIFIC SAFETY	TRAINING DURING THE OFF SEASON AS A CONDITION			
TO MY EMPLOYMENT.				
YOUR EMPLOYMENT WITH RELYCO, INC. IS AT-WILL, MEANING EITHER PARTY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP				
AT ANY TIME WITHOUT CAUSE OR NOTICE.				
DATE SIGNATURE				
TRAINING AND JOB EXPERIENCE:				
PLEASE LIST ANY SCHOOLING, TRAINING OR JOB EXPERIENCE WHICH YOU FEEL BETTER QUALIFIES YOU FOR THE POSITION.				
PLEASE LIST AINT SCHOOLING, TRAINING OR JOB EXPERIENCE WHICH YOU F	EEL BETTER QUALIFIES YOU FOR THE POSITION.			
For office use only	Notes:			
Date received				
Reviewed by				