



HOLTGER BROS., INC.

Office Application

950 W. Main Ave., De Pere, WI 54115

UTILITY CONTRACTOR Since 1946

Please Fax Your Application to 920-337-9130 or Email to hbicareers@holtger.com For Further Review

HBI provides equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State Military Forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

NAME: (LAST, FIRST, MIDDLE)	LAST 4 DIGITS OF SS#	APPLICATION DATE
STREET	CITY	STATE
		ZIP

EMAIL ADDRESS	PHONE
LICENSE NUMBER	STATE OF ISSUE
EXPIRATION DATE	YES NO
	CDL
	A B C D
	CDL CLASS

HAVE YOU HAD A LICENSE FROM A DIFFERENT STATE WITHIN THE LAST 5 YEARS? YES NO
 IF YES, WHAT STATE: _____ PREVIOUS LICENSE NUMBER: _____

POSITION APPLIED FOR: _____ EXPECTED WAGES: _____ WHO REFERRED YOU TO HBI: _____ DATE AVAILABLE FOR WORK: _____

PREVIOUS FIVE YEARS RESIDENCY

ADDRESS: _____ # YEARS _____

ADDRESS: _____ # YEARS _____

ADDRESS: _____ # YEARS _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

ACCIDENT RECORD FOR PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

HIGHEST EDUCATION COMPLETED: MOST RECENT SCHOOL NAME (CITY & STATE) DEGREE EARNED:
 8 9 10 11 12 13 14 15 16 17 18 _____

IN CASE OF AN EMERGENCY, WHO SHALL WE NOTIFY?

NAME _____ / _____ PHONE: _____
 RELATIONSHIP _____

INDICATE TYPE OF COMPANY FUNDED BENEFITS YOU RECEIVED AT YOUR LAST POSITION?
DENTAL_____ HEALTH INSURANCE_____ HOLIDAYS_____ VACATION_____ RETIREMENT_____ OTHER_____

INDICATE EMPLOYER HBI IS NOT AUTHORIZED TO CONTACT PRIOR TO EMPLOYMENT DATE: _____

PLEASE COMPLETE THE FOLLOWING, BEGINNING WITH YOUR MOST RECENT EMPLOYER FOR THE PAST 10 YEARS
** PLEASE DO NOT WRITE "SEE RESUME" ** (ATTACH SHEET IF MORE SPACE IS NEEDED):

EMPLOYER: _____ **SUPERVISOR:** _____
ADDRESS: _____ **PHONE:** _____
DATES OF EMPLOYMENT: _____ **SALARY:** _____ YR _____ WK _____ HR
DUTIES: _____ **POSITION:** _____ **REASON FOR LEAVING:** _____

EMPLOYER: _____ **SUPERVISOR:** _____
ADDRESS: _____ **PHONE:** _____
DATES OF EMPLOYMENT: _____ **SALARY:** _____ YR _____ WK _____ HR
DUTIES: _____ **POSITION:** _____ **REASON FOR LEAVING:** _____

EMPLOYER: _____ **SUPERVISOR:** _____
ADDRESS: _____ **PHONE:** _____
DATES OF EMPLOYMENT: _____ **SALARY:** _____ YR _____ WK _____ HR
DUTIES: _____ **POSITION:** _____ **REASON FOR LEAVING:** _____

EMPLOYER: _____ **SUPERVISOR:** _____
ADDRESS: _____ **PHONE:** _____
DATES OF EMPLOYMENT: _____ **SALARY:** _____ YR _____ WK _____ HR
DUTIES: _____ **POSITION:** _____ **REASON FOR LEAVING:** _____

APPLICANT CONSENT AND RELEASE

I hereby agree to submit to any controlled substance/skills testing that may be required as a condition of employment or continued employment and understand that, unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. As a condition of employment, I understand I am required to comply with HBI's drug-free workplace policy. I understand that, as required by HBI Company Policy, all applicants will be tested for controlled substances as a pre-condition for employment, including pre-hire, post-accident, random, reasonable suspicion, return to duty, and follow up testing. I consent to the sample collection. I understand, during the term of employment, a positive test result for controlled substances/alcohol will render me unqualified to operate a commercial motor vehicle among other HBI disciplinary actions.

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the Company. If the results are positive for non-prescription drugs, the controlled substance will be identified. The result will be released to any other parties without my written authorization.

Date: _____

Signature: _____

APPLICANT AUTHORIZATION AND RELEASE

HBI does not discriminate against any employee or applicant for employment, nor does HBI tolerate harassment of any kind because of race, religion, national origin, sexual orientation, pregnancy, age, sex, marital status, handicap, veteran status or other factors identified and protected by law. This policy applies to recruitment, selection, placement, compensation, benefits, training, transfer, promotion, leaves of absence, demotion, termination or any other employment related procedures. Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources Representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

_____ I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my
Initial knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

_____ I hereby authorize HBI to investigate all statements contained herein and the references and employers listed above to give you any
Initial and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release and hold harmless HBI, its officers, agents, and employees, and the person(s) providing the information, from all liability for any damage that may result from utilization of this information.

_____ I understand that I may be required to successfully pass a drug test to gain employment or continue employment with HBI. I consent
Initial freely and voluntarily to participate in required drug tests, at a location selected by HBI. I hereby release and hold harmless HBI, and consent to the release of the test results to HBI. I hereby release and hold harmless HBI, its officers, agents, and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever arising from the drug tests and decisions concerning employment based upon the results of these test. If employed by HBI, I understand that I am required to comply with HBI's drug-free workplace policy and refusal to submit to such testing may result in disciplinary action, up to and including discharge.

_____ I understand that HBI is committed to sustaining safe work practices and a safe work environment. If employed by HBI, I certify
Initial that I will abide by and adhere to all HBI safety policies and procedures. If I do not, I understand that it could lead to termination of my employment.

_____ I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my
Initial knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered up to and including cause for dismissal. I authorize investigation of all statements contained herein including checking references and employers listed to supply all information concerning my previous employment/ any pertinent information personal or otherwise, and release HBI /person(s) providing the information from all liability for any damage that may result from utilization of such information.

_____ If employed by HBI, I hereby hold harmless and authorize HBI to release personal information which may include, but is not limited
Initial to, name, date of birth, driver's license number, and drug test results for purposes of obtaining security clearance for work on particular customers' property.

_____ I also understand that my employment is terminable-at-will, and this application is not intended to be a contract for employment.
Initial

PRINT

SIGNATURE

DATE

Equal Employment Opportunity Voluntary Self-Identification Applicant Survey

Name: _____

Position Applied For: _____ Date: _____

Our organization is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

Our organization is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary. The information you provide is strictly confidential and will be maintained separate from your personnel file. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires the state to determine this information by visual survey and/or other available information.

I do not wish to self-identify

PLEASE CHECK ONE: Male Female

INDICATE THE APPROPRIATE ETHNIC GROUP:

Hispanic or Latino (If selected, skip to Veteran Status) Not Hispanic or Latino (If selected, please select Race below)

IF NOT HISPANIC OR LATINO, INDICATE THE APPROPRIATE RACE:

American Indian or Alaskan Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander Caucasian Two or more Races

Vietnam Era Veterans, Other Eligible Veterans, Special Disabled Veterans, Recently Separated Veterans, and Individuals with Disabilities:

Government Contractors/subcontractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment Vietnam era and other eligible veterans, qualified special disabled veterans, recently separated veterans, and qualified disabled individuals. Submission of this information is voluntary; refusal to provide it will not subject you to any adverse treatment. The information provided will be held in the strictest confidence, will be maintained separate from your personnel file, and will not be used in a manner inconsistent with the Acts.

Veteran of the Vietnam Era- A "Veteran of the Vietnam Era" is a person who served on active duty for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged with other than a dishonorable discharge. Veterans meeting the above criteria who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975 are also protected.

Other Eligible Veteran- An "Other Eligible Veteran" is defined as a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Special Disabled Veteran- A "Special Disabled Veteran" is a person entitled to compensation under laws administered by the Department of Veterans Affairs for a disability rated at 30% or more, or rated at 10 or 20% in the case of a veteran who has been determined by the Department of Veteran Affairs to have a serious employment handicap, or a person whose discharge or release from active duty was for a service-connected disability.

Recently Separated Veteran- Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Disabled Individual- A disabled individual is defined as an individual who has a mental or physical impairment which substantially limits one or more major life activities, has a record of such impairment, or who is perceived as having such impairment.

If you are an individual with a disability or a special disabled veteran, we would like to include you under the affirmative action program. It would assist us if you inform us of (1) any special methods, skills and procedures which qualify you for the positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (2) the accommodations necessary to assist you in performing the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services, or other accommodations.

For agency HR use only: Visual Assessment

American Indian or Alaskan Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander Caucasian Hispanic or Latino

Updated 2/2010