



Wisconsin Laborers' Construction & General Laborers'

Application for Membership / Employment

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.

<u>PLEASE PRINT</u>				
APPLICATION DATE:				
LAST NAME:	_ FIRST NAME:		MI:	
ADDRESS:				
CITY:	STATE:	ZIP:		
BEST CONTACT PHONE NUMBER(S):				
BIRTHDATE: EMAIL ADDRESS:				

If under 18, can you provide proof of eligibility to work?		NO
Do you have a valid driver's license?	YES	NO
Do you have transportation?	YES	NO
Do you have a commercial driver's licence?	YES	NO
Have you ever applied with us before?	YES	NO
Are you currently employed?	YES	NO
May we contact your present employer?	YES	NO
Are you currently on "lay-off" status and subject to recall?		NO
Can you travel if a job requires it?	YES	NO
Are you willing to work over time and/or weekends if the job requires?		NO
Date available to start work:		

EDUCATION

All School/Education/Diploma/GED completed: ____

CHECK ALL THAT APPLY Please indicate with the number of months/years of experice. Only check 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. Asbestos Abatement	Please begin with present job o		PLOYMENT HISTORY lude any construction jobs, related mi	litary service, assignments, and volunteer activities.
Company Name:	Address: Supervisor Name:		Dates of Emplo Job Title:	yment:
Address:	Rate of Pay:		Reason for Leav	ing:
Areas of the State you are willing to work: Statewide:	Address: Supervisor Name: Description of Primary I	Responsibilities:	Dates of Emplo Job Title:	yment:
Northeast Area: Southest Area: Southwest: Specific Counties: Specific Counties: Specific Counties: Specific Counties: WORK EXPERIENCE ~ SKILL SETS CHECK ALL THAT APPLY Specific Counties: Please indicate with the number of months/years of experice. Only check 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. LICENSES ~ CERTIFICATIONS Please include expiration dates. Concrete Curting Torch Sewer & Water Pipelayer • Flat Work Fire Proofing Stottom Man Road Work • Forklift For Setting Stottom Man CDL • Pump Forklift Ford Mark Stottom Man Scaffold Building • Stotterte Jack Hammer Bicktop Bicktop Scaffold Building • Stotterte Jack Hammer Road Saw Scaffold Building Scaffold Building • Vibrator Mason Tender Skid Loader Skid Loader Skid Loader • Commercial Power Buggy Skid Loader Restricted Plumbing	Rate of Pay:		Reason for Leav	ing:
CHECK ALL THAT APPLY Please indicate with the number of months/years of experice. Only check 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. Asbestos Abatement	Northeast Area:	_ Southest Area:_	Southwest:	
Commercial Power Buggy Waterproofing Restricted Plumbing	Concrete Concrete Concrete Concrete Concrete Curb & Gutter Flat Work Flat Work Gunite Power Laser/Screed Puddling Rebar/Mesh Shotcrete Sidewalk Vibrator Landscape	HECK ALL THAT AP ber of months/years of exper reviously performed with cor be asked to verify these skills Cutting Torch	PPLY ice. Only check skills that you are ifidence and are currently able and with dates and contractor names. Sewer & Water Pipelayer Top Man Bottom Man Bottom Man Bridge Blacktop Blacktop Flagging Guardrails Line & Grade Paver Road Saw Scaffold Building Skid Loader	Asbestos Abatement Lead Abatement Hazard Waste Worker
		Power Buggy	– Waterproofing	Restricted Plumbing Weatherization

All applications wil be forwarded to the Laborers' Local Union Hall nearest to your home address. All construction 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:	