



PO BOX 90  
BLOOMER, WI 54724

Phone: 715-568-4141  
Fax: 715-568-4144

A-1 Power, LLC. is an Equal Opportunity Employer and considers Applicants for all Positions without regard to Race, Color, Creed, Gender, National Origin, Age, Sexual Orientation, Disability, Marital or Veteran Status of Any Other Protected Status under Local, State or Federal Laws.			
<b>Position(s) Applied For:</b>		<b>Date of Application</b>	
<b>How did you learn about us?</b> Newspaper    Internet    A-1 Employee    Union    Other			
Please list name of source:			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone or Cell</b>		<b>Social Security Number (Voluntary)</b>	
<b>E-Mail</b>		<b>Best Time to Reach You</b>	
1. Are you legally eligible to work in the United States?		_____ Yes    _____ No	
2. Are you over 18 years of age?		_____ Yes    _____ No	
3. Are you presently in the Laborer's or Operator's Union? If yes, Local Number and Status (Apprentice and Year or Journeyman) _____ Yes    _____ No			
4. Can you perform the essential functions of this job with or without reasonable accommodations? (If you have any questions about the functions of this job, please ask the interviewer before answering this question.)    _____ Yes    _____ No			
5. Have you ever been employed with us before? (If yes, give date(s))    _____ Yes    _____ No			
6. Are you related to anyone employed by us? (If yes, state name and relationship)    _____ Yes    _____ No			
Date Available for Work:		Desired Salary Range:	
Desired Employment Status:    _____ Full Time    _____ Part Time    _____ Temporary/Internship			
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?		_____ Yes    _____ No	
Can you travel if the job requires it?		_____ Yes    _____ No	
Do you have a valid driver's license?    _____ Yes    _____ No			
Is this a CDL? If yes, please provide License #, Classes and Endorsements			
License #	Classes	Endorsements	

## EDUCATION

School	Name & Town of School	Course of Study	# of Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate/Other				

**Please Describe any Specialized Training, Apprenticeships, Licenses or Skills**

**Any Job-Related training in the United States Military, if any: Please give dates and explanations below:**

## WORK EXPERIENCE

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, sexual orientation, disabilities or other protected status.

1. Dates Employed: From:                      To:	WORK PERFORMED (Use this entire column if necessary)
Employer Name and Address:	
Telephone Number(s)	
Job Title:	
Supervisor:	
Reason for Leaving:	
Salary Start:    Finish:	May we Contact? ____ Yes ____ No

<b>2. Dates Employed: From:                      To:</b>	<b>WORK PERFORMED (Use this entire column if necessary)</b>
<b>Employer Name and Address:</b>	
<b>Telephone Number(s)</b>	
<b>Job Title:</b>	
<b>Supervisor:</b>	
<b>Reason for Leaving:</b>	
<b>Salary Start:                                      Finish:</b>	<b>May we Contact?    ____ Yes    ____ No</b>

<b>3. Dates Employed: From:                      To:</b>	<b>WORK PERFORMED (Use this entire column if necessary_</b>
<b>Employer Name and Address:</b>	
<b>Telephone Numbers(s)</b>	
<b>Job Title:</b>	
<b>Supervisor:</b>	
<b>Reason for Leaving:</b>	
<b>Salary Start:                                      Finish:</b>	<b>May we Contact?    ____ Yes    ____ No</b>

<b>OTHER RELEVANT EXPERIENCE: (Unpaid or volunteer work)</b>	<b>Safety Certifications and Training: (Such as CPR/First Aid, MSHA, OSHA 10, OSHA 30, etc.)</b>

## AFFIRMATIVE ACTION QUESTIONNAIRE

(Voluntary)

The Purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required governmental record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. **If you choose to provide the information, please complete the following:**

TITLE OF JOB APPLIED FOR: \_\_\_\_\_

### RACE (CHECK ONE)

\_\_\_ Caucasian: (not of Hispanic origin)

\_\_\_ Black or African American

\_\_\_ Hispanic or Latino

\_\_\_ American Indian/Alaskan Native

\_\_\_ Asian

\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_ Identify as more than one Race

### GENDER

\_\_\_ Male \_\_\_ Female

\_\_\_ Non-Binary

### VETERANS/U.S. MILITARY STATUS

\_\_\_ Non-Veteran

\_\_\_ Veteran

\_\_\_ Active National Guard or Reservist

### DISABILITY STATUS, DEFINED AS:

\_\_\_ Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities

\_\_\_ Has a record of such an impairment (condition)

\_\_\_ Is regarded as having such an impairment (condition)

Do you claim Disability Status? \_\_\_ Yes \_\_\_ No

\*\*\* INFORMATION ON THIS PAGE WILL NOT BE KEPT IN YOUR PERSONNEL FILE