



**HOLTGER BROS., INC.**  
 950 W. Main Ave., De Pere, WI 54115  
 UTILITY CONTRACTOR Since 1946

**Office Application**

Please Email Your Application/Resume to [hbicareers@holtger.com](mailto: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.

<b>Name: (Last, First, Middle)</b>	<b>Last 4 Digits Of SS#</b>	<b>Application Date</b>	
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Email Address</b>		<b>Phone</b>	

<b>Position Applied For:</b>	<b>Expected Wages:</b>	<b>Who Referred You To HBI:</b>	<b>Date Available for Work:</b>
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Do you have a valid driver's license?  Yes  No Do you have a CDL?  Yes  No If yes, what type? A B C D

Have you had a license from a different state within the last 5 years?  Yes  No If yes, what state? \_\_\_\_\_

**Traffic Convictions and Forfeitures for The Past 5 Years**

Date Convicted (Month/Year)	Violation	State of Violation Location	Penalty (Forfeited Bond, Collateral and/or Points)

**Accident Record for Past 5 Years**

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Number Fatalities	Number Injuries	Chemical Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please complete the following, beginning with your most recent employer for the past 5 years. Please do not write "see resume".

**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Rate of Pay:** \$ \_\_\_\_\_/hr \$ \_\_\_\_\_/yr  
**Duties:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Rate of Pay:** \$ \_\_\_\_\_/hr \$ \_\_\_\_\_/yr  
**Duties:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Dates of Employment:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Rate of Pay:** \$ \_\_\_\_\_/hr \$ \_\_\_\_\_/yr  
**Duties:** \_\_\_\_\_ **Reason For Leaving:** \_\_\_\_\_

**Please list how many years/months of experience you have with each of the following:**

MS Office		Reception		General Office	
	Yrs/Mos		Yrs/Mos		Yrs/Mos
Excel		Customer Service		10-key	
Outlook		Mail (UPS, FedEx, etc.)		Data Entry	
PowerPoint		Multi-line phones		Filing	
Word				Scanning	

Accounting/Finance			Construction			Human Resources		
	Yrs/Mos	Software Used		Yrs/Mos	Software Used		Yrs/Mos	Software Used
Accounts Payable			Digger's Hotline			HRIS		
Accounts Receivable			Google Maps			Recruiting		
Payroll Processing			Project Management			Reporting		
Taxes			Reading Blueprints			Time/ Attendance		

Please list the companies where you gained the above experience:

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List any additional skills that relate to the job you are applying for:

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Do you have a pending criminal charge against you?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

*Note: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.*

**APPLICANT CONSENT AND RELEASE**

I hereby declare the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the person, company, or former employer from all liability for any damage that may result from utilization of such information.

I hereby agree to submit to any lawful drug, or 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 Holtger Bros., Inc.'s drug-free workplace policy. I also understand that this application is not and is not intended to be a contract for continued employment.

I understand this authorization and release is valid for three years from the date of completing the application or throughout my employment, whichever is later.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

It is the policy of Holtger Bros., Inc. not to discriminate against any employee or applicant for employment, nor does Holtger Bros., Inc. tolerate harassment of any kind because of race, religion, color, national origin, sexual orientation, pregnancy, age or gender. This policy applies not only to employment, but also to promotion, demotion, transfer, recruitment, termination and other personal matters.

# 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.

HR: Non-voluntary only

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

Updated 7/2019