



APPLICATION FOR EMPLOYMENT
PO Box 159 Loyal, WI 54446 * 715-255-8507

Name (First) (Middle) (Last) Phone
*Address (Street) (City) (State & Zip) How Long

* If at the above address for less than 3 years, list below all residences for the last 3 years.

Street City State Zip
Street City State Zip
Street City State Zip

Position applying for Seasonal Part Time Full Time
Who referred you Rate of Pay Expected
Are you currently employed? Yes No If not, how long since leaving last employment?

IN CASE OF EMERGENCY NOTIFY PHONE

Employment Record

Current Employer: Supervisor's Name:
Full Address: Phone:
Position Held: From: To: Salary:
Reason for leaving:

Company: Supervisor's Name:
Full Address: Phone:
Position Held: From: To: Salary:
Reason for leaving:

Company: Supervisor's Name:
Full Address: Phone:
Position Held: From: To: Salary:
Reason for leaving:

Company: Supervisor's Name:
Full Address: Phone:
Position Held: From: To: Salary:
Reason for leaving:

Education

Type of School	Name & City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

Special Skills

List any equipment, job related experience, formal training or skills that you would like us to consider.
(Equipment forklift etc., Maintenance experience, Shop equipment, Clerical Experience)

References

Name	Years Know	Relationship and Title	
Company			
Work Address City	State	Home Phone	Work Phone
Name	Years Know	Relationship and Title	
Company			
Work Address City	State	Home Phone	Work Phone
Name	Years Know	Relationship and Title	
Company			
Work Address City	State	Home Phone	Work Phone

TO BE READ AND SIGNED BY APPLICANT

I understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

For Office Use only

<input type="checkbox"/> Copy of Social Security Card & Driver's License
<input type="checkbox"/> WT 4
<input type="checkbox"/> W 4
<input type="checkbox"/> Form I-9
<input type="checkbox"/> Copy of Handbook
<input type="checkbox"/> References Checked

<input type="checkbox"/> Copy of CDL
<input type="checkbox"/> Inquiry to Previous Employers (3 yrs)
<input type="checkbox"/> Alcohol & Drug Inquiry from Former Employer
<input type="checkbox"/> Inquiry to State Agencies
<input type="checkbox"/> Medical Exam (CDL after 7-26-96)
<input type="checkbox"/> Copy of Alcohol & Drug Policy/Acknowledgement
<input type="checkbox"/> Copy of Handbook
<input type="checkbox"/> Criminal Background Check
<input type="checkbox"/> Drug Test Results <input type="checkbox"/> OK (If CDL)
<input type="checkbox"/> Northside Road Test / Pass (If CDL)

(CDL ONLY) Driver Experience & Qualification

Drivers Licenses in the past 3 years must be shown	State	License No.	Class	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 B. Has any license, permit or privilege ever been suspended or revoked? Yes No
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
 If you answered "yes" to A, B, or C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers- LCV's				
Others				

List states operated in during last five years _____
 List special courses or training that will help you as a driver _____
 List driving awards held and who awards were presented by _____

Accident Review for past 3 years

Dates	Nature of Accident (Head-On, Rear-end, Overturn, etc.	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2) if applying for a driver position.

Date of Birth _____ Social Security No. _____ - _____ - _____
 Month/day/year