

Employment Application

An Equal Opportunity Employer

9550 E 16 Frontage Rd, Onalaska, WI 54650
608-783-4200 fax (608) 783-4210

You will be considered for all positions without regard to race, color, religion, weight, height, sex national origin, marital status, veteran status, the presence of a non-job-related medical condition, handicap, or any other protected status required by law.

(PLEASE PRINT)

PERSONAL INFORMATION

Please fill in all spaces - Thank You!

| | | | |
|--|--|---|-------------------------------|
| Name (last, first, middle) | | Date | |
| Present Address (street, city, state, zip) | | How long at this address? | |
| Home Telephone () | Cell # () | Social Security Number / / | Drivers License Number |
| Position you are applying for: | Desired Salary \$ | Can you travel if required? [] yes [] no | |
| Are you currently employed? [] yes [] no | If employed, why do you wish to change? | | |
| Have you applied for employment here before? [] yes [] no | Have you ever been employed by our company? [] yes [] no | | |
| Do you have experience in the building materials industry? [] yes [] no | On what date would you be available to start work? | | |
| How did you learn about this company? [] Advertisement [] Relative [] Current Employee [] Friend [] Employment Agency [] Other: _____ | | | |
| May we contact your present and previous employers? [] Yes [] No | Have you ever been convicted of a felony in the last 7 years? [] yes [] no | | |
| To comply with laws concerning the employment of illegal aliens, can you provide proof of employability? [] Yes [] No | | | |
| <i>Proof of citizenship or immigration status will be required upon employment.</i> | | | |

I understand that start of employment will be dependent upon passing a clean start drug test. _____

signature

EDUCATION

| School | Name & Address | Major or Field of Study | Graduated? | Grade or G.P.A. |
|---------------------------|----------------|-------------------------|---|-----------------|
| High School last attended | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

List professional, trade business, or civic activities and offices held. You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or any other protected status.

MILITARY STATUS

| Branch of Service | Rank Held | | Nature of Duties |
|---|-----------|---|------------------|
| | Entry | Release | |
| | | | |
| What Specialized training did you receive? | | | |
| Do you have a Reserve or National Guard Obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If you have a National Guard Obligation, please describe: | |

EMPLOYMENT HISTORY

If records are under a different name, please provide name for reference purposes, starting with present or last employer. List all employment including part-time or temporary positions.

| | | |
|---|-------------------------------------|--------------------------------|
| Employer | Phone () - | Dates Employed |
| | | From: To: |
| Address (Include City, State, Zip) | Beginning Salary: \$ | |
| | Ending Salary: \$ | |
| Name of Supervisor | Reason for Leaving: | |
| Title & Duties at Beginning of Employment | Title & Duties at End of Employment | |

| | | |
|---|-------------------------------------|--------------------------------|
| Employer | Phone () - | Dates Employed |
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| | | |
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| Name of Supervisor | Reason for Leaving: | |
| Title & Duties at Beginning of Employment | Title & Duties at End of Employment | |

Use additional sheet of paper if more room is needed.

REFERENCES

Give the Name & Phone Number of 3 References not related to you.

| Name & Occupation | How Long Known? | Telephone Number |
|-------------------|-----------------|------------------|
| | | () - |
| | | () - |
| | | () - |

SPECIAL SKILLS & QUALIFICATIONS

List any special skills which you feel make you qualified for this position:

List any machinery/equipment which you can operate:

NOTE TO APPLICANTS: *Do not answer this question unless you have been informed about the requirements of the job for which you are applying.*

Are you capable of performing in a reasonable manner, the essential function involved in the job or occupation for which you have applied? **Please indicate:** [] Yes [] No

A description of the job functions involved in this job or occupation will be given to you upon receipt of this completed application.

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. However, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided below and suggest the kind of accommodation that you believe would be appropriate.

I understand that if hired, my employment will be 'at will' and that either I or the company may terminate the employment relationship at any time with or without cause and with or without notice. I further understand that this employment relationship may not be modified by verbal statements, customs, practices, or written documents unless such modification is in writing and signed by an authorized representative of the company.

Name of Applicant (please print)

Signature

Date

In connection with my application for employment, I authorize this prospective employer to contact any or all previous employers to discuss my employment history, including reasons for termination of past employment. I also authorize this prospective employer to obtain a copy of my driving record from the WI Secretary of State or from the Secretary of State's Office in those states in which I held previous employment. I also authorize this prospective employer to confirm any or all information contained in this employment application. I certify that all information on this application is true and complete to the best of my knowledge, and I understand that falsification of any information on this application will be grounds for immediate discharge.

Signature

Date

DO NOT WRITE IN THIS AREA

Interviewed by: _____

Date: _____

'At Will' employment explained by: _____

Date: _____

Hired: [] Yes [] No Position: _____ Hourly rate / Salary: \$ _____

Starting Date: _____ Approved by: _____

DRIVER INFORMATION

Name of Applicant: _____

Date: _____

EXPERIENCE & QUALIFICATIONS

| D r i v e r s | State | License Number | Type | Expiration Date |
|---------------------------------|-------|----------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

DRIVING EXPERIENCE (List all types of equipment driven)

| Type of Equipment Operated (van, flat, semi, forklift, etc.) | | Dates Operated | | Approximate Total # of miles Driven |
|---|--|----------------|----|--|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |

ACCIDENT RECORD

| Date (s) | Type of Accident (head-on, rear-end, etc.) | Fatalities | Injuries |
|----------|--|----------------|----------------|
| | | [] Yes [] No | [] Yes [] No |
| | | [] Yes [] No | [] Yes [] No |
| | | [] Yes [] No | [] Yes [] No |

TRAFFIC CONVICTIONS

List all convictions and forfeitures for the past 3 years (other than parking violations)

| Location (City & State) | Date | Charge | Penalty |
|---|------|--------|---------|
| | | | |
| | | | |
| Attach Sheet if additional space is needed. | | | |

DRIVER INFORMATION *(continued)*

1) Have you ever been denied a license, permit, or privilege to operate a motor vehicle? [☐] Yes [☐] No

2) Has your license, permit or privilege to drive ever been suspended or revoked? [☐] Yes [☐] No

If the answer to either of the above questions is "yes", list details:

I understand that by law, the company requires all persons applying for positions as truck drivers of vehicles 26,001 pounds or more, to undergo a pre-employment drug test. I understand that refusal to undergo this test will be considered to be a withdrawal of my application for employment. I also understand that if the test discloses the presence of a foreign substance, I will be denied employment.

Please Initial: _____

This application for employment as a driver is to be read and signed by applicant. This certifies that this application was completed by the applicant, and that all entries and information on it are true and complete to the best of the applicant's knowledge.

Date

Name of Applicant *(please print)*

Signature of Applicant