

Advance Construction, Inc.

2141 Woodale Ave., Green Bay, WI 54313

Phone: (920) 434-3978 • Fax: (920) 434-6228

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, marital status, veteran status, non-job related physical or mental disability, or any other protected group status.

Date _____

Name _____
Last First Middle Initial

Current Address _____

Home phone _____ Cell phone _____ Email address _____

DESIRED EMPLOYMENT

Position applied for _____ Date you can start _____ Desired starting salary _____

Please list applicable skills pertaining to position applying for

Type of employment desired. Full-time Part-time Temporary Seasonal

If not full time, what days and hours are you available?

Are you at least 18 years of age? Yes No

Are you legally qualified for employment in the United States? Yes No

Do you possess a valid Driver's license? Yes No

Are you willing to travel? Yes No

Apart from religious observances, will you willing to work weekends? Yes No

Have you ever applied for employment here? Yes No When? _____

Were you ever employed by this company? Yes No When? _____

Were you referred to our company? Yes No If yes, by whom? _____

Do you possess a valid Commercial Driver's license? Yes No Endorsements: _____

**If yes, answer the following:*

Social Security No. _____ Birth Date _____

(*NOTE: The Federal Motor Carrier Safety Regulations (49 CFR 391.21(b)(2)) requires that driver applicants provide their date of birth and social security number.)

Employment History (Start with Current or Most recent employer)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

Company Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Name of Supervisor _____
Dates: From ___/___/___ - To ___/___/___ Position(s) Held: _____
Starting Wage _____ Ending Wage _____ May we contact employer? Yes No
Responsibilities _____
Reason for leaving _____
Were you subject to the FMCSRs[†] while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

Company Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Name of Supervisor _____
Dates: From ___/___/___ - To ___/___/___ Position(s) Held: _____
Starting Wage _____ Ending Wage _____ May we contact employer? Yes No
Responsibilities _____
Reason for leaving _____
Were you subject to the FMCSRs[†] while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

Company Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Name of Supervisor _____
Dates: From ___/___/___ - To ___/___/___ Position(s) Held: _____
Starting Wage _____ Ending Wage _____ May we contact employer? Yes No
Responsibilities _____
Reason for leaving _____
Were you subject to the FMCSRs[†] while employed? Yes No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), Or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Education

Did you graduate from High School? Yes No School Name / Location _____
Describe any education or training you have had which is not covered above. _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____
Address _____

Name _____ Phone _____ Years Known _____
Address _____

Name _____ Phone _____ Years Known _____
Address _____

To be Read and Signed by Applicant:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

Date Employed _____ Position Employed _____

Signature of interviewer _____

Applicant Information

Today's Date: _____

Position applied for: _____

Name: _____
(First) (M.I.) (Last)

Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

AFFIRMATIVE ACTION / EQUAL EMPLOYMENT INFORMATION FORM

The following information will be used only for research and reporting purposes for Advance Construction, Inc. and the Federal government in accordance with applicable laws and regulations..

This information is confidential and will not be kept with your application and will be used only in accordance with the state and federal regulation.

You are not required to complete this form.

Your application will be considered in the same manner whether this form is completed or not.

Sex: Male Female

Age: Under 40 40 or Over

Ethnic Origin:

- American Indian/Alaskan Native
- Asian American/Far Eastern or Southeastern Asian
- Black/African American (Not of Hispanic origin)
- White/Caucasian/European/North African/Middle Eastern or Indian Subcontinent
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South America
- Native Hawaiian or other Pacific Islander
- Other (please specify) _____

Veteran Status:

- Non Veteran
- Veteran
- Disabled Veteran (Disability less the 30%)
- Special Disabled Veteran (Disability 30% or greater)

Where did you hear of this company/vacancy?

Newspaper: (please specify) _____

Other Publication: (please specify) _____

Walk in: _____

Other: (please specify) _____

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RELEASE FORM

Wisconsin Driver License Record Information

I, _____, authorize Advance Construction, Inc. to obtain my personal driver records from the Wisconsin Department of Transportation.

Wisconsin Driver's License Number (as it appears on your current license)

Birth Date (month/date/year)

Applicant/Employee Signature

Print Name

Date

CDL DRIVERS FILL OUT THE FOLLOWING PAGES

EXPERIENCE AND QUALIFICATIONS

DRIVERS LICENSE(S) FOR PAST 3 YEARS

STATE	LICENSES NO.	TYPE	EXPIRATION DATE

ACCIDENT RECORDED FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Dump)	DATES	APPROX. NO. OF MILES (totals)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking)

LOCATIONS	DATES	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 If you answered yes give statement explaining details _____

B. Has any license, permit or privilege ever been suspended or revoked? Yes No
 If you answered yes give statement explaining details _____

