



Employment Application

Wisconsin Tubing does not make employment decisions based on race, color, religion, national origin, sexual orientation, gender identity, disability, or veteran status. We are proud to be an Equal Opportunity Employer (EOE) and encourage all to apply today!

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date Available: Desired Wage: \$ HOURLY SALARY

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Did a current employee refer you to this company? YES NO If yes, who?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
(Continued on page 3)

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Nothing contained in this application is intended to nor does it create a contract of employment for any specific duration. I understand and agree that should I become employed by Wisconsin Tubing, my employment can be terminated with or without cause and with or without notice at any time at the option of either me or the company. I understand that no employee of the company has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.*

Signature: _____ Date: _____

Driver Applicant Only

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 48 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.*

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

Date of Birth (month/day/year) _____

Signature: _____ Date: _____

Driver Experience & Qualification

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
 B. Has a license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If you answered "Yes" to A or B attach a statement giving details.

Driving Experience

Class of Equipment	Check Yes or No	Circle Type of Equipment	Dates From (M/Y) To (M/Y)	Approx. Number of Miles (Total)
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor and Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor – Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Tractor – Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Van, Tank, Flat, Dump, Refer)		
Motorcoach – School Bus (more than 8 passengers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	-		
Motorcoach – School Bus (more than 15 passengers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	-		
Other				

List states operated in during last five (5) years: _____

Accident Record for past 3 years (Attach separate sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, etc)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next previous:				
Next previous:				

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty