

APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY)

STRUCK & IRWIN PAVING, INC.
7219 GENE STREET
DEFOREST, WI 53532
(608) 842-1676

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
<u>LIST ADDRESSES WHICH YOU HAVE RESIDED AT DURING THE PREVIOUS 3 YEARS</u>		
<u>PRESENT ADDRESS</u>		
<u>STREET</u>	<u>APT. NO.</u>	<u>CITY</u>
<u>STATE</u>	<u>ZIP CODE</u>	<u>FROM</u> <u>TO</u>
<u>PREVIOUS ADDRESSES (STARTING WITH THE MOST RECENT ADDRESS)</u>		
<u>STREET</u>	<u>APT. NO.</u>	<u>CITY</u>
<u>STATE</u>	<u>ZIP CODE</u>	<u>FROM</u> <u>TO</u>
TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
<u>DRIVER'S LICENSE INFORMATION</u>		
<u>STATE</u>	<u>LICENSE NO.</u>	<u>TYPE</u>
		<u>EXPIRATION DATE</u>
HAVE YOU HAD A POSITIVE PRE-EMPLOYMENT DRUG OR ALCOHOL TEST, OR REFUSED TO SUBMIT TO A PRE-EMPLOYMENT DRUG OR ALCOHOL TEST DURING THE PAST TWO YEARS?		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HAVE YOU SUCCESSFULLY COMPLETED THE RETURN-TO-DUTY PROGRESS?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER HAD A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE DENIED, REVOKED, OR SUSPENDED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, ATTACH A STATEMENT DETAILING THE FACTS AND CIRCUMSTANCES OF EACH OCCURRENCE		

DESIRED EMPLOYMENT

POSITION(S) APPLIED FOR	DATE OF APPLICATION
DATE AVAILABLE TO START	DESIRED SALARY RANGE
ARE YOU AVAILABLE TO WORK (CHECK ALL THAT APPLY)?	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (PLEASE INDICATE: MORNINGS _____ or AFTERNOONS _____) <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY	
ARE YOU CURRENTLY EMPLOYED?	IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	IF YES, GIVE DATE OF APPLICATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?	IF YES, GIVE DATES OF EMPLOYMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO	FROM _____ TO _____
WHO REFERRED YOU TO THIS COMPANY?	
<input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WALK-IN <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER _____	

STRUCK & IRWIN PAVING, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	SUBJECTS STUDIED	NO. OF YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				
OTHER (SPECIFY)				

WORK EXPERIENCE

LIST BELOW ALL EMPLOYERS DURING THE PREVIOUS 3 YEARS, STARTING WITH THE MOST RECENT. APPLICANTS WITH A CDL SHALL LIST ALL EMPLOYERS DURING THE PREVIOUS 10 YEARS, STARTING WITH THE MOST RECENT. ATTACH ADDITIONAL SHEETS, AS NECESSARY.

EMPLOYER				
ADDRESS				
STARTING DATE	ENDING DATE	JOB TITLE		
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER CONTACT'S NAME		TELEPHONE NUMBER		
DESCRIPTION OF WORK PERFORMED		REASON FOR LEAVING		

EMPLOYER				
ADDRESS				
STARTING DATE	ENDING DATE	JOB TITLE		
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER CONTACT'S NAME		TELEPHONE NUMBER		
DESCRIPTION OF WORK PERFORMED		REASON FOR LEAVING		

EMPLOYER				
ADDRESS				
STARTING DATE	ENDING DATE	JOB TITLE		
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER CONTACT'S NAME		TELEPHONE NUMBER		
DESCRIPTION OF WORK PERFORMED		REASON FOR LEAVING		

EMPLOYER				
ADDRESS				
STARTING DATE	ENDING DATE	JOB TITLE		
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYER CONTACT'S NAME		TELEPHONE NUMBER		
DESCRIPTION OF WORK PERFORMED		REASON FOR LEAVING		

WORK EXPERIENCE (CONTINUED)

EMPLOYER		
ADDRESS		
STARTING DATE	ENDING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER CONTACT'S NAME		TELEPHONE NUMBER
DESCRIPTION OF WORK PERFORMED		REASON FOR LEAVING

COMMENTS: INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT

ADDITIONAL INFORMATION

<u>MOTOR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS. IF NONE, WRITE NONE.</u>			
<u>DATE</u>	<u>NATURE OF ACCIDENT (HEAD-ON, REAR-END, ROLL-OVER, ETC.)</u>	<u>RESULTING INJURIES</u>	<u>RESULTING FATALITIES</u>
<u>TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST 3 YEARS. IF NONE, WRITE NONE.</u>			
<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>
<u>TRUCK DRIVING EXPERIENCE. IF NONE, WRITE NONE.</u>			
<u>TYPE OF TRUCK (INDICATE WITH AN "X")</u>	<u>TYPE OF EQUIPMENT TRAIERED (SEMI-TRAILER, TANKER, ETC.)</u>	<u>FROM</u>	<u>TO</u> <u>APPROX. NO. OF MILES</u>
STRAIGHT TRUCK			
TRACTOR			
OTHER _____			
<u>MILITARY SERVICE RECORD</u>			
HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT BRANCH? _____	
DATES OF DUTY: FROM _____ TO _____		RANK AT DISCHARGE: _____	
DESCRIBE ANY TRAINING RECEIVED IN THE UNITED STATES MILITARY RELEVANT TO THE POSITION			
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, OR EXTRA-CURRICULAR ACTIVITIES RELEVANT TO THE POSITION			
SUMMARIZE ANY SPECIAL SKILLS OR QUALIFICATIONS ACQUIRED FROM PREVIOUS EMPLOYMENT OR OTHER EXPERIENCES RELEVANT TO THE POSITION			
LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD RELEVANT TO THE POSITION			
PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION			

ESSENTIAL JOB FUNCTIONS

ESSENTIAL JOB FUNCTIONS ARE THE FUNDAMENTAL DUTIES THAT AN EMPLOYEE MUST BE ABLE TO PERFORM AT ALL TIMES. PLEASE ANSWER THE FOLLOWING QUESTIONS WHICH RELATE TO SOME OF THE ESSENTIAL JOB FUNCTIONS THAT MAY BE REQUIRED FOR THE POSITION YOU ARE APPLYING FOR.

CAN YOU BE AT WORK EVERY WEEKDAY ? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU BE AT TO WORK ON-TIME EVERY WORK DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO WORK BETWEEN 60 AND 80 HOURS EACH WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ABLE TO WORK SOME SATURDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO TRAVEL AWAY FROM YOUR HOME EVERY WORK DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ABLE TO LODGE OVERNIGHT AWAY FROM YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A VALID COMMERCIAL DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU READ AND FOLLOW A MAP? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU PERFORM ROUTINE MAINTENANCE ON A VEHICLE/TRUCK? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO OCCASSIONALLY LIFT UP TO 100 POUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ABLE TO BE EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

PROVIDE THE NAMES OF THREE PEOPLE YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS ACQUAINTED

APPLICANT'S STATEMENT

I CERTIFY THAT I HAVE READ AND FULLY COMPLETED THIS APPLICATION BY MYSELF. IN ADDITION, I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY OMISSION OF INFORMATION IN THIS APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION PROVIDED IN THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I ALSO AUTHORIZE THE EMPLOYERS AND REFERENCES LISTED ON THIS APPLICATION TO GIVE STRUCK & IRWIN PAVING, INC. ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE.

I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR EVALUATING MY EMPLOYMENT APPLICATION, AN INVESTIGATION MAY BE MADE CONCERNING MY CHARACTER, BACKGROUND, DRIVING RECORD, CREDIT RECORD, CRIMINAL RECORD, PREVIOUS DRUG TEST RESULTS, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I HEREBY AUTHORIZE SUCH INVESTIGATION.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I MAY BE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT ALCOHOL AND/OR DRUG TEST BEFORE POSSIBLE EMPLOYMENT.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 60 DAYS.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND/OR THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BETWEEN THE EMPLOYEE AND AN AUTHORIZED REPRESENTATIVE OF THE EMPLOYER.

SIGNATURE OF APPLICANT

DATE