



4140 N. 6th Street  
Wausau, WI 54403  
715-675-3117

Thank you for your interest in River View Construction. Attached are the 4 documents that must be completed and turned in together to be considered for employment.

Document 1: Application for Employment.

Document 2: Disclosure and Release Authorization

Document 3: Employer Verification for CDL Drivers

Document 4: Federal Motor Carrier Safety Administration Pre-Employment Screening Program authorization.

In order to be considered for the position you are applying for ALL 4 documents must be submitted back to us for review.



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## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
How Did you Learn About Us?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative <input type="checkbox"/> Other	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number	Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time    Part Time    Temporary?

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Are you a member of a Union?  Yes  No  
If Yes, Name of Union: \_\_\_\_\_

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## Education

School Name Location	High School				Undergraduate College/ University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, skills or apprenticeship												
State any additional information you feel may be helpful to us in considering your application												

Do you hold a valid Drivers License?  Yes  No

Do you hold a Commercial Drivers License?  Yes  No

If applying for Driver Position - Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  Yes  No

If Yes, please explain \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

If Yes, explain: \_\_\_\_\_

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**Employment Experience**

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary Start      Final	
Telephone Number	Supervisor	
Reason for Leaving		

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Reason for Leaving		

If a lapse in employment is greater than 2 months, please indicate situation: \_\_\_\_\_

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## Special Skills and Qualifications

List any job-related military service assignments and volunteer activities; You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. \_\_\_\_\_

Summarize special job-related skills and qualifications acquired from employment or other experience. \_\_\_\_\_

### *Applicant's Statement*

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as maybe necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Personnel Department Use Only

Notes \_\_\_\_\_

Date of Hire \_\_\_\_\_

Hourly Rate \_\_\_\_\_

Hired By \_\_\_\_\_

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## Motor Vehicle Record Disclosure and Release Form

In connection with my ongoing employment or my application for employment, should I have or secure a position with River View Construction and River View Transport, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state, and other agencies that maintain such records, as well as independent services that provide driving record information.

**I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to Klinner Insurance or its agent.**

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment.

**River View Construction and River View Transport's commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

\_\_\_\_\_  
**(Full Legal Name (include middle initial))**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**State of Issuance**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Employer Verification for CDL Drivers

### FORMER EMPLOYEE INFORMATION AND RELEASE

NAME: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(please print)

hereby authorize \_\_\_\_\_ to release the following requested  
(Name of Prior Company)

Information to River View Construction for the purpose of investigation and qualifying me to drive a commercial motor vehicle as required by the U.S. Department of Transportation and Federal Motor Carrier Safety Regulations Parts 382, 391, 392 and 49 CFR Part 40. You are hereby released from any and all liability that may result from furnishing such information. Your quick response to this request will be greatly appreciated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE** - Regulations of the Department of Transportation (49 CFR Part 40) requires your company to provide us with information concerning the named driver's past drug and alcohol test results, including refusals to be tested.

**In the past three years** has the previously named applicant ever:

- Tested positive for a controlled substance?  YES  NO
- Tested with an alcohol concentration of 0.04 or higher?  YES  NO
- Refused to submit to a DOT required drug and/or alcohol test, including a verified adulterated or substituted result?  YES  NO
- Had any other violations of DOT drug and/or alcohol testing regulations?  YES  NO
- Had any violations of drug and/or alcohol regulations from previous employers?  YES  NO
- Did a previous employer report a drug and alcohol rule violation to you?  YES  NO

For any YES answer, please provide documentation of the previously named applicants successful completion of DOT return-to-duty requirements (including follow-up tests).

### FORMER EMPLOYEE WORK HISTORY

Employed from \_\_\_\_\_ to \_\_\_\_\_ as a \_\_\_\_\_ at average or salary of \_\_\_\_\_

Did former employee drive a motor vehicle for you?  YES  NO

If yes please indicate specific type of vehicle(s) and time driven for you:

Tractor/Semi-Trailer; years \_\_\_\_\_ months \_\_\_\_\_  Straight Truck; years \_\_\_\_\_ months \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

Any special equipment driven? (such as; Doubles, Tanker, Flat Bed, etc.) Please list: \_\_\_\_\_

Reason for leaving your employ:  Discharged  Resigned  Laid Off  Other

Is former employee eligible for re-hire at your company?  YES  NO

Your Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone #: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward response as indicated as soon as possible.  
Thank You

MAIL OR FAX TO:

River View Construction Inc.  
4140 North Sixth Street  
Wausau, WI 54403  
Fax: 715-675-2894

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## Recipient Employee Memorandum of Understanding Data Access to WisDot DMV Records

### Wisconsin DMV Data Access Information

- DMV customers expect their personal information will be protected and not provided to outside sources except under limited conditions, as authorized by state and federal law.
- DMV will provide information to any customer who requests the names of individuals and/or companies who have accessed their personal information from DMV or to whom their name has been provided through bulk records sales.
- If a customer claims their personal information was inappropriately accessed or provided, DMV will inform them that they may file a claim with appropriate agencies of the state or federal government.
- Individual employees and the business and/or agency may be held liable for misuse.

As an employee of  River View Construction Inc.  (name) you agree to comply with the following expectations:

- Be responsible for using the records to the extent permitted under state law and the Driver Privacy Protection Section of the Violent Crime Control and Law Enforcement Act of 1994 (DPPA).
  - The Federal Driver Privacy Protection Act (DPPA) of 1994 has been enforceable in Wisconsin since January 2000. The DPPA prohibits disclosure of "personal information" about any individual obtained by the Division of Motor Vehicles in connection with a motor vehicle record unless the use is authorized under DPPA. The DPPA allows disclosure of personal information for a variety of reasons, but Wisconsin law may contain additional prohibitions on disclosure.
- Review the expectations and the DPPA form (MV2896) annually.
- At all times, comply with and observe all federal and state laws and regulations, and local ordinances and laws that are in effect during the term of this agreement and which, in any manner, affect access to, use of, or distribution of the records.
- Ensure security of the information to reduce the possibility of questionable use or inappropriate access of the data.
- Do not publish or disclose personal data, except as authorized by state and federal law. "Personal information" is defined as information that identifies an individual, including highly restricted data. See the following chart for distinctions between the two data elements.

Personal data elements include:	Highly restricted data elements include:
Driver identification number	An individual's photograph
Name	Social security number
Address	Medical or disability information
9 digit zip code (but not 5 digit zip code)	Any signature collected under Wisconsin Statute Chapter 343 (operators' licenses)
Date of birth	Biometrics, such as fingerprints

Telephone number	
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- Do not use personal data to contact individuals, except as authorized by state and federal law.
- Recipient employees' access to driver and vehicle information is provided for business purposes only. Recipient employees may not retrieve, use, or view any photo images, signatures, any vehicle or driver records for personal reasons. Employees may not share images or records, or copies, with unauthorized persons. This includes, for example, looking up a co-worker's birth date or home address, driver record, vehicles owned, any vehicle suspensions, accident reports, driver medical records or reports, or any similar type of information.
- Do not refer to or use the names of the State of Wisconsin, the DMV or any state official or employee for commercial purposes. It is acceptable to disclose that the DMV is the provider of the records.
- Access data only during those times authorized by the employer.
- Do not reveal user IDs or passwords to any other individual other than the employer or WisDOT employees responsible for granting access.

**Note:** The confidentiality and disclosure requirements of this agreement survive the termination, for whatever reason, of the agreement itself, subject to state and federal statutes and administrative rules. New legislation that changes data access supersedes this agreement.

Confidential information is information that cannot be released to the general public because it is prohibited by law. You must not disclose confidential information that is gained through your position, for any reason, except as authorized or required by law. You also must not use confidential information for your personal gain or benefit.

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Employee Name *(please print)*

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Employee Signature

Date

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Supervisor's Name *(please print)*

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Supervisor's Signature

Date