



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

Application for Employment:

Applicant Information:

Date of Application: _____ Position Applied For: _____

How did you hear about us?: _____

Name: _____
Last First Middle

Home Phone: _____ Cell Phone: _____

Email Address: _____

Current Address:

Street Address City/State Zip Code

Instructions:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please thoroughly read all statements contained in this Application form.
2. Complete all pages of this form completely and accurately.
3. Print or type clearly. Incomplete or illegible applications will be rejected.
4. Do not fill out any other attached forms unless and until instructed.

Applicant Note:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after 60 days. If at any time after this point you wish to be considered for employment with this company, another application will have to be completed.

Equal Employment Opportunity:

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, religion, sex, pregnancy, citizenship, national origin, age, disability, military service, veteran status, genetic information, union membership, creed, marital status, ancestry, sexual orientation, or any other category that may be protected by law.



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Availability:

Are you legally authorized to work in the United States? Yes No

Can you provide proof of eligibility to work? Yes No

Are you under the age of 18? Yes No

Are you currently employed? Yes No

On what date can you start? _____

Can you travel if a job requires it? Yes No

What job category would you prefer? Full-time Part-time Temporary On Call/Casual

For what schedules would you be available? Weekdays Weekends Days

Evenings Overtime All Shifts Other _____

Education:

Please list highest grade level completed: _____

NAME	CITY/STATE	DEGREE EARNED
High School		
College		
Graduate		
Other		

Job Related Skills:

Have you had the requirements of the job explained to you? Yes No

Do you understand these requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodation? Yes No

If the job requires you to drive, answer the following question and provide the corresponding information:

Do you have the appropriate valid driver's license? Yes No

DL# _____ State of Issue: _____

Endorsements: _____



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Employment History:

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential.

MOST RECENT EMPLOYER	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Company Name	City	State	Phone Number ()
	From (month/yr)	To (month/yr)	Supervisor's Name/Number	
	Dates Employed			
	Job Title			
	Duties			
Reasons for Leaving				
SECOND MOST RECENT EMPLOYER	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Company Name	City	State	Phone Number ()
	From (month/yr)	To (month/yr)	Supervisor's Name/Number	
	Dates Employed			
	Job Title			
	Duties			
Reasons for Leaving				
THIRD MOST RECENT EMPLOYER	Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Company Name	City	State	Phone Number ()
	From (month/yr)	To (month/yr)	Supervisor's Name/Number	
	Dates Employed			
	Job Title			
	Duties			
Reasons for Leaving				



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Professional References:

Include only individuals familiar with your work capabilities. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

Job Related Experience:

Please list any other skills that may be **job-related** or that you feel would be of value to this job or our organization.

Training or Licensing Certificates:

Training or Licensing Certificate:	Name of Trainer	Date of Training

Union Affiliation:

Are you a member of a Union? Yes No

If Yes, Name of Union: _____



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Authorization and Certification:

I understand that background, drug, or medical testing may be conducted on me as part of the application process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results. I understand that if I do not authorize such persons to release background information or test results that my application for employment may be rejected.

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I understand that if I am hired, my employment shall be "at-will," and that either the Company or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

Applicant Name: (Please Print): _____

Signed _____

Dated _____



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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