



E80 PLUS CONSTRUCTORS, LLC
 7120 Patton Road, DeForest, Wisconsin 53532
 Phone (608) 846-1880 • Fax (608) 846-2225 • E-mail info@E80Plus.com
 "An Equal Opportunity Employer"

E60-001

EMPLOYMENT APPLICATION

Position Applied For _____

Applicant's full name:		Last	First	Middle
Social Security Number:		Phone Numbers:		Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Address:	Street	City	County	State Zip Code
Have you been known by a different name by any references, schools, or employers listed on this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate name:	
Please put down date of birth <u>only</u> if you are under age 18:		Month	Day	Year
Employment seeking:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<input type="checkbox"/> Temporary <input type="checkbox"/> Regular	Date available for employment:	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last seven (7) years? (Conviction will not necessarily disqualify an applicant from employment.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License # _____	State of License _____	
Do you possess a valid commercial driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Check appropriate endorsements:		<input type="checkbox"/> Passenger Transport <input type="checkbox"/> Combination Vehicles <input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Air Brake <input type="checkbox"/> Tanker <input type="checkbox"/> Double/Triple	

School	Name and Address of Institution	Major Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
HIGH SCHOOL OR G.E.D.	Name _____ City, State _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name _____ City, State _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VOCATIONAL TECHNICAL BUSINESS SCHOOL	Name _____ City, State _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name _____ City, State _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE (Undergraduate)	Name _____ City, State _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name _____ City, State _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List all office machines, heavy equipment, or any other equipment related to the job you are applying for that you are skilled in operating (such as personal computer, computer software, dictating equipment, front-end loader, etc.):			
If applicable: Typing speed _____ wpm Shorthand speed _____ wpm			
Additional related courses/training:			
Professional licenses/certifications/memberships (e.g., union memberships):			
Type	State	Exp. Date	Registration Number

The information regarding your previous experience will be carefully reviewed to determine your qualifications for this position. Be specific in your responses. In describing your duties, please include percentage of time spent on each duty as well as equipment operated and supervisory responsibilities.

List present or most recent position first, then next recent, etc. (include all part-time jobs and military experience).

A. Employer's name					
Address	Street	City	State	Zip Code	Phone Number
Job Title		Supervisor's name and title			
Dates: From: Mo. Yr. To		Total time worked: Years Months		Hours per week:	Last pay rate/Salary:
Describe duties:					
Reason for Leaving:					No. of employees supervised:
					<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Employer's name					
Address	Street	City	State	Zip Code	Phone Number
Job Title		Supervisor's name and title			
Dates: From: Mo. Yr. To		Total time worked: Years Months		Hours per week:	Last pay rate/Salary:
Describe duties:					
Reason for Leaving:					No. of employees supervised:
					<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Employer's name					
Address	Street	City	State	Zip Code	Phone Number
Job Title		Supervisor's name and title			
Dates: From: Mo. Yr. To		Total time worked: Years Months		Hours per week:	Last pay rate/Salary:
Describe duties:					
Reason for Leaving:					No. of employees supervised:
					<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other employment not shown above on a separate sheet.

APPLICANT'S STATEMENT

I authorize E80 Plus Constructors, LLC, ("E80"), at the time of my application for employment or during the course of my employment, to obtain from any source, subject to the requirements of the Fair Credit Reporting Act, information regarding my education, experience, competence or character as it relates to the position for which I applied or which I may be employed. I hereby certify that the information and statements contained in this application are true, correct and complete. I agree that all statements made in this application may be investigated.

I understand that E80 conducts drug and/or alcohol testing to determine if applicants or employees are under the influence of or have a measured concentration (as defined in E80's Drug & Alcohol Policy) of marijuana, illegally obtained drugs, narcotics, controlled substances or alcohol. I hereby certify that I am not under the influence of, or have a measured concentration of marijuana, illegally obtained drugs, narcotics, controlled substances or alcohol.

I understand that employment with E80 is contingent upon the receipt of a negative initial employment drug and/or alcohol test. It is further understood that refusal to participate in an initial employment drug and/or alcohol test may result in the revocation of my job offer, or if employed, discharge. I further understand that I may be required to complete a drug and/or alcohol test or medical exam after employment.

I authorize E80 or its designee, at the time of my employment and/or periodically, to obtain any and all information pertaining to my driving record. I understand that this information may influence my being able to operate an E80 vehicle and ultimately may have an effect on my employment.

I have read the foregoing statement and I understand its terms. Furthermore, I understand that the falsification or omission of any information or statement contained in this application or the refusal to submit to an initial employment drug and/or alcohol test will result in the rejection of this application, revocation of my job offer, or if already employed, discharge.

Signature

Date

E80 PLUS CONSTRUCTORS, LLC
 7120 Patton Rd
 DeForest, WI 53532
 608-846-1880

SUPPLEMENT TO EMPLOYMENT APPLICATION
Driver Experience and Qualifications
 (Required by Department of Transportation)

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Have you ever had a license, permit or privilege suspended or revoked? Yes No

IF THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS.

List the addresses where you have resided for the last 3 years:

 (Signature)

 (Date)

eVERIFILE

Be Certain.

DISCLOSURE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned, hereby consent and authorize _____, its affiliated companies, and/or its agents (collectively, herein after referred to as "the Company") to obtain information about me from a consumer reporting agency for employment purposes. I understand that this means that a "consumer report" and/or an "investigative consumer report" may be requested which may include information regarding my character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information relating to my criminal history, credit history, motor vehicle records such as driving records, social security verification, verification of education or employment history or other background checks. This may involve personal interviews with sources such as neighbors, friends or associates. These reports may be obtained at any time after receipt of my authorization, and if I am hired, throughout my employment. I understand I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to e-Verifile, 900 Circle 75 Parkway, Suite 1550, Atlanta, GA 30339 - 770-859-9899. For information about e-Verifile's privacy practices see www.e-verifile.com. The scope of this notice and authorization is not limited to the present and, if hired, will continue and allow the Company to conduct future screenings for retention, promotion or reassignment unless revoked by me in writing. The Company also reserves the right to share background investigation results with any third-party companies for whom I will be placed to work with as a representative of the Company. My information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE E-VERIFILE TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME, AS APPLICABLE. I acknowledge that the Company has provided with a copy of *A Summary of Your Rights Under the Fair Credit Reporting Act*.

Signature: _____ Date: _____

Please Print:

Name: _____ Date of Birth*: _____
First Middle Last

Social Security Number: _____ Gender* (check one): _____
Male Female

Driver's License # _____ Issuing State _____

Daytime Phone Number _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street Number and Name City State Zip Dates

New York applicants or employees only

You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting e-Verifile directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing above.

CA, MN, OK applicants or employees only

I understand that if the Company requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota and Oklahoma law to receive a copy of that consumer report from the Company free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address I provide above.

I would like to receive a copy of my consumer report (background check) (CA, MN, OK only) Yes No

* Note: Date of Birth and Gender information are required for identification purposes only, and are in no manner used as qualifying for joining the Company.