



**C.J.W., Inc.**

2437 Chicory Road  
Racine, Wisconsin 53403

PHONE 262.554.4288  
FAX 262.554.4282

**APPLICATION FOR EMPLOYMENT**

Date of Submittal: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status.

**TO BE READ AND SIGNED BY APPLICANT**

I understand that the employer follows an employment at will policy, in that I or the employer may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the position.

I authorize C.J.W., Inc. to make such investigations and inquiries of my personal, conviction records, driving records, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

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

**\*\*\*CDL LICENSED DRIVER APPLICANT ONLY – (must also complete page 4 of application)\*\*\***

I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employer(s).
- 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.

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

The U.S. Department of Transportation requires that driver applicants provide their date of birth (§391.21 (b)(2)) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**I. GENERAL INFORMATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First middle

Current Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ How Long? \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_



Are you legally authorized to work in the United States? (*Proof of eligibility documentation must be provided at time of hire*)  YES  NO

Have you ever been convicted of a felony? \*  YES  NO *If yes, please describe the circumstances, date of conviction and state/county:*

Are criminal charges currently pending against you?  YES  NO *If Yes, Explain* \_\_\_\_\_

\* A conviction is not an automatic bar to employment. The type, seriousness, frequency of violations, relevancy, work history and other circumstances will be considered.

## II. POSITION

Position(s) Applied for \_\_\_\_\_  Part Time  Full time  Temporary

Who referred you? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Are you currently employed?  YES  NO *If not, how long since leaving last employment?* \_\_\_\_\_

## III. EDUCATION

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/ DEGREE
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## IV. REFERENCES

Please list at least two (2) business references who are not relatives and one (1) personal reference.

NAME and POSITION	COMPANY	ADDRESS	PHONE	TYPE
				<input type="checkbox"/> Business <input type="checkbox"/> Personal
				<input type="checkbox"/> Business <input type="checkbox"/> Personal
				<input type="checkbox"/> Business <input type="checkbox"/> Personal
				<input type="checkbox"/> Business <input type="checkbox"/> Personal

## V. EMPLOYMENT HISTORY

All applicants must provide the following employment information on all employers during the preceding five (5) years. Please list complete mailing address, street number, city, state, zip code, and phone number. Applicants with commercial driving experience\* (CDL) must provide employment information **for an additional five (5) years and must complete all the shaded areas.**

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ELIGIBILITY FOR REHIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WHERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>CDL DRIVER APPLICANTS ONLY</b>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ELIGIBILITY FOR REHIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WHERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>CDL DRIVER APPLICANTS ONLY</b>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ELIGIBILITY FOR REHIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING		REASON FOR LEAVING	
MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ELIGIBILITY FOR REHIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
WHERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>CDL DRIVER APPLICANTS ONLY</b>
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding. † The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding. (Attach another sheet if more space is needed)

# NON CDL DRIVERS – PLEASE TURN TO NEXT PAGE

## VI. CDL LICENSED DRIVER EXPERIENCE & QUALIFICATION

Answer the questions in this section only if **applying for a driver position**.

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

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

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If you answered "yes" to A or B, give details \_\_\_\_\_

\_\_\_\_\_

DRIVING EXPERIENCE					
CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. 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 _____					

ACCIDENT RECORD for Past 3 Years (attach sheet if more space is needed)					
DATE OF ACCIDENT	WERE YOU AT FAULT?	WERE YOU TICKETED?	NATURE OF ACCIDENT (Head-On, Rear-end, Upset, Etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES for past 3 years (other than parking violations) if None write NONE			
LOCATION	DATE	CHARGE	PENALTY

(Attach another sheet if more space is needed)

VII. OTHER

**Retail Liquor License in State of Wisconsin**

Have you made, or are you making, application for, or have you any interest in, a retail Liquor License in the State of Wisconsin?  Yes  No

If yes, give date, place and kind of license. \_\_\_\_\_

**Physical Record**

You have been provided at the time of your application a list of the essential functions of the job for which you have applied. Do you have any physical limitations that preclude you from performing any of the essential jobs of the position for which you are considered?  Yes  No

If yes, what do you feel can be done to accommodate your limitations? Please describe: \_\_\_\_\_

Do you have a Valid Driver's License?  Yes  No

Driver's License number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a Fed. Med. Certificate (Driver Applicants only)  Yes  No If yes, Expiration Date \_\_\_\_\_

Can you drive a Forklift?  Yes  No

Do you maintain liability insurance?  Yes  No

**Please read the following carefully before signing this application:**

- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in termination of my employment.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE ATTACH RESUME IF DESIRED**

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**  
PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

I understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **C.J.W., Inc.** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **C.J.W., Inc.** **C.J.W., Inc.** uses **Accurate Background, Inc.**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**Accurate Background, Inc.** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize, and consent to the release and disclosure of any and all information including but not limited to the above to **C.J.W., Inc.**, and **Accurate Background, Inc.**

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **C.J.W., Inc.** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **C.J.W., Inc.** I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Accurate Background, Inc.**, 7515 Irvine Center Drive, Irvine, CA 92618 (800) 784-3911. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed	Today's Date
Name as it appears on your driver's license	Position Applied For
- - / / Social Security Number Date of Birth	Driver's License Number State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

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**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

	Mo./Yr. / Mo./Yr
Current Address: _____	/
Street Apt. # City State Zip Code	From / To
Former Address: _____	/
Street Apt. # City State Zip Code	From / To
Former Address: _____	/
Street Apt. # City State Zip Code	From / To
Former Address: _____	/
Street Apt. # City State Zip Code	From / To

**Release Authorization Form DOT  
49 CFR Part 40 Drug and Alcohol Testing &  
FMCSA Safety Performance Information**

Employee/Applicant Printed or Typed Name: \_\_\_\_\_

Employee/Applicant SS or ID Number: \_\_\_\_\_

In accordance with DOT Regulation 49 CFR Parts 40, 382, and 391.23, I hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to Accurate Background, Inc. for the purpose of Accurate Background, Inc. transmitting such records to the Accurate Background, Inc. client C.J.W., Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information/documents released pursuant to this document is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes Accurate Background, Inc with information concerning items (1) – (6) above, I also authorize such company to furnish the following information to Accurate Background Check, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety – sensitive function during the previous **three (3) years**. If you need additional space check this box and attach a separate sheet.

\_\_\_\_\_  
Company Name Address Telephone # Dates

\_\_\_\_\_  
Company Name Address Telephone # Dates

\_\_\_\_\_  
Company Name Address Telephone # Dates

\_\_\_\_\_  
Company Name Address Telephone # Dates

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

# C.J.W., Inc.

## Essential Functions

### All Positions

- While performing the duties of this job, the employee at times is required to stand for at least 2 hours; walk; sit; use hands to finger, handle, grasp, grip or feel objects, tools or controls; reach with hands and arms (both overhead, outright, and down); balance; stoop, kneel or crouch; talk or hear.
- Possess an adequate level of manual dexterity.
- Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus.
- Possess analytical and decision-making ability.
- Ability to tolerate environmental conditions: wet, dust, fumes, noise, extreme hot or cold.
- Ability to communicate with the public and with employees through two-way verbal communications (hearing and speech).
- Ability to hear and comprehend written and/or verbal commands.
- Ability to operate and communicate on the telephone.
- Possess general knowledge of company equipment.
- Possess knowledge of supplier policies especially freshness standards.
- Ability to operate a computer with the programs designated by the Company.
- Ability to read, write, add, subtract, multiply, and divide at a high school equivalency level.

### Merchandiser/Sales

- Ability to drive and maintain a valid driver's license required by the State of Wisconsin. The expenses are the employee's sole responsibility.
- Ability to lift from 5 to 175 pounds. The weight of a case product is 42 pounds, and you must be able to lift this amount overhead frequently.
- Ability to push and pull up to 130 pounds as needed. This includes the ability to bend over and push.
- Ability to climb stairs carrying approximately 40 to 100 pounds.
- Ability to travel independently to various locations (within and outside the community or service area of the employer).

### Driver

- Ability to drive and maintain a valid commercial driver's license required by the State of Wisconsin. The expenses are the employee's sole responsibility.
- Ability to lift from 5 to 175 pounds. One half-barrel weighs approximately 175 pounds and you must be able to lift that weight at least 2 feet high on a frequent basis and frequently lift cases of 42 pounds overhead.
- Ability to push and pull up to 130 pounds. This includes the ability to bend over and push.
- Ability to climb stairs with or without handcart, carrying approximately 100 to 200 pounds.
- Ability to travel independently to various locations (within and outside the community or service area of the employer).

### Warehouse

- Ability to frequently lift from 5 to 42 pounds and occasionally up to 175 pounds. One half-barrel weighs approximately 175 pounds and you must be able to lift that weight at least 2 feet high on an occasional basis and frequently lift cases of 42 pounds overhead.
- Ability to push and pull 40 to 90 pounds as needed. This includes the ability to bend over and push.