



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 job.

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 employers;
- Have errors in the information corrected by previous employers and for those 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/country:*

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, recency, 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 of the shaded areas.

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	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	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> CDL DRIVER APPLICANTS ONLY </div>
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	

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NAME	FROM TO
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
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WHERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> CDL DRIVER APPLICANTS ONLY </div>
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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	

*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

TRAFFICE 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 made application. 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 **Pinkerton Background Screening**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Pinkerton Background Screening 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 **Pinkerton Background Screening**.

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: **Pinkerton Background Screening**, 11019 McCormick Road, Suite 200, Hunt Valley, MD 21031, (800) 635-1649. 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:

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

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.