



COREVAC

Employment Application

You must use **Acrobat Reader** to complete and save this employment application.

Get Acrobat Reader free at Adobe.com

Fill out then save file to your device.

Click to send completed application to info@corevac.net from your email app.
Or print a copy and mail to our office.

Erase all fields and reset form.

We consider applicants for all positions without regard to race, color, religion, creed, gender; national origin, age, disability, marital or veteran status, or any other legally protected status. This application form is intended for use in evaluating your qualifications for employment with COREVAC.

Conditions of Employment:

1. You must pass a pre-employment Drug/Alcohol test & Background Check.
2. You are required to take a Department of Transportation CDL Physical Exam.
3. You must have a valid Class ABC Commercial Drivers License with "N" endorsement or obtain a Class ABC CDL with "N" endorsement within 60 days of employment.
4. If it is discovered that you were dishonest in answering any of the questions you may be terminated.
5. Employment is at will.
6. Alcohol or illegal drugs are not permitted on company or customer property and are grounds for immediate termination.

Today's Date: _____

Name: _____
First Middle Last

Position Applying For: _____
office use:

Drivers Licenses Type(s): _____

State of License(s): _____ Expiration Date(s): _____

Home Phone Number: _____ Cell Phone Number: _____

Do any of your friends or family work here? Yes No If Yes, Who: _____

Have you been convicted or served time for a felony in the past 7 years? Yes No

If Yes please describe below.

Incident	City/State	Charge
_____	_____	_____
_____	_____	_____

(Note: The fact you have been convicted of a felony does not automatically disqualify you for employment. We will consider whether the conviction is substantially related to the position you are applying for. However, failure to disclose a felony conviction will disqualify you from being hired and/or result in termination.)

List all Addresses for the Past Three (3) Years:

Current address: _____ Since: _____
Street City State & Zip

Prior address: _____ Since: _____
Street City State & Zip

Prior address: _____ Since: _____
Street City State & Zip

Availability:

Are you a U.S. Citizen or do you have permission to work in the United States? Yes No

What date can you start working: _____ Who referred you: _____

Are you willing to travel? ? Yes No Outside Wisconsin Inside Wisconsin

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

Education:

School	Name, Address, City & State	Year Graduated	Degree Received
High School	_____	_____	_____
Undergraduate	_____	_____	_____
Technical School	_____	_____	_____
Graduate School	_____	_____	_____

Describe any specialized training, skills, apprenticeship and extracurricular activities

Employment Experience:

Identify your employment history for last 5 years, beginning with your most recent job. Be complete. If you are not sure of an address or phone indicate that you do not know, but do not omit employer.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
Position Held: _____ Salary: _____
Dates with Employer: _____ May we contact? Yes No

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
Position Held: _____ Salary: _____
Dates with Employer: _____ May we contact? Yes No

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Supervisor: _____ Phone Number: _____
Reason for Leaving: _____
Position Held: _____ Salary: _____
Dates with Employer: _____ May we contact? Yes No

Please explain any gaps in employment: _____

Driving & Accident Information

Do you have a valid Class ABC Commercial Drivers License with "N" endorsement? Yes No

If yes, list number (to be completed upon interview): _____

If no, can you obtain one in the next 60 days? Yes No

- 1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- 2. Has any license, permit or privilege ever been suspended or revoked? Yes No
- 3. Have you refused or failed a successful completion of the DOT return to duty process in the past 2 years after testing positive or refusal to submit to a DOT required drug/alcohol test? Yes No

4. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "Yes" to 1, 2, 3, or 4, please provide details:

All traffic convictions and forfeitures for the past 5 years (other than parking violations). If none, write none.

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete Accident Record for the Past 5 Years (Attach sheet if more space is needed) If none, write none

Accident Date	Type of Accident	Fatalities		Injuries	
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Driving Experience. If none, write none.

Dump Truck	Type _____	Dates Operated _____	Total Mileage _____
Dump-Trailer	Type _____	Dates Operated _____	Total Mileage _____
Semi-Tractor	Type _____	Dates Operated _____	Total Mileage _____
Tractor-Trailer	Type _____	Dates Operated _____	Total Mileage _____
Other	Type _____	Dates Operated _____	Total Mileage _____

Specialized Skills (mark those which apply)

Confined Space Training Hazmat Training First Aid Fusing Drug & Alcohol Training
OSHA 10 Hour Competent Person Other _____

Operator Qualification (Identify all Operator Qualification Certifications you have received or attach a copy)

Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____
Task _____	Date Qualified _____	Task _____	Date Qualified _____

References (identify 3 individuals familiar with your work abilities. Not a relative.)

Name	Address/Phone Number	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes to Applicant

COREVAC performs underground utility construction which requires strenuous activities including heavy lifting, long hours and difficult weather conditions. If you are not in good physical shape or have difficulty performing physical labor you may not wish to work at COREVAC. By completing this application you are acknowledging these conditions and are aware of the risks associated with this type of work if not performed properly.

Equal Employment Opportunity Information

The following EEO class information is requested for purposes of EEO compliance and will only be used for statistical purposes. The giving of this information is entirely voluntary and will be kept confidential and will not be used in making hiring or other employment decisions. Employees will not be penalized for not responding.

E.E.O. Class: White Black or African American Hispanic or Latino Asian
American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Certification and Release

I hereby certify that I have read and understand the applicant note on page one of this form and that the answers given by me are true and correct to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts asked for in this application may result in rejection of my application or discharge at any time during my employment. I authorize COREVAC and its agents, including enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of alcohol/illegal drugs is strictly prohibited during employment. I also am willing to submit to alcohol/drug testing to detect the use of alcohol/illegal drugs prior to and during my employment. In addition, if I had a positive test or refused to test (including verified adulterated or substituted drug test results), on any pre-employment drug or alcohol test administered by an employer to which I applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing procedures during the past 2 years. I will provide documentation of successful completion of the return to duty process to COREVAC before I am eligible to perform safety sensitive functions.

This certifies that this application and the information contained herein were completed by me and that all entries and the information are true and complete to the best of my knowledge.

Applicant name (print)

Applicant name (signature)

Date: _____

Employee Acknowledgement Form for Employees with no Valid Class "ABC" CDL with "N" endorsement.

I hereby acknowledge that it is my duty as part of my employment with COREVAC to advise the crew leader or Manager on my job site that I am not in possession of a valid class "ABC" Commercial Drivers License with "N" endorsement.

I am therefore unable to operate a commercial vehicle that has a gross weight rating of 26,001 pounds or greater (i.e. dump truck, fitting van), or has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds (i.e. a truck with a trailer).

I further acknowledge that if I fail to advise my manager or crew leader that I am not in possession of a valid class "ABC" CDL with "N" endorsement and I receive a ticket for operating a commercial vehicle, it is my responsibility to pay the fine and that this may be grounds for immediate termination of my employment.

Employee name (print)

Employee name (signature)

Date: _____

For Employees with Class "ABC" CDL with "N" endorsement - Driver Data Sheet Hours worked for 7 days prior to start Date with COREVAC.

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier, rule 395.8(j)(2) federal motor carrier safety regulations.

Day	1	2	3	4	5	6	7	Total
Date	_____	_____	_____	_____	_____	_____	_____	_____
Hours	_____	_____	_____	_____	_____	_____	_____	_____

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from prior work at _____ am or pm on the _____ day of _____ month _____ year.

Driver name (print)

Driver name (Signature)