



W230 N4855 Betker Drive  
Pewaukee, WI 53072  
262-695-2340 or 800-876-8478

3155 104<sup>th</sup> Lane NE  
Blaine, MN 55449  
763-262-0004 or 888-876-8478

1065 15<sup>th</sup> Street SW  
Mason City, IA 50401  
800-876-8478

Visu-Sewer of Illinois, LLC  
9014 S. Thomas Ave.  
Bridgeview, IL 60455  
708-237-0340

Visu-Sewer of Missouri, LLC  
7895 St. Clair Avenue  
East St. Louis, IL 62203  
618-397-9840 or 800-495-6036

## APPLICATION FOR EMPLOYMENT

This company, as an Equal Employment Opportunity/Affirmative Action Employer, intends to comply with all federal and state laws, and fully subscribes to the principles of Equal Employment Opportunity. Visu-Sewer's policy is to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. The information on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

Name: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If less than three years, please list all addresses of residency for last three years:

1. \_\_\_\_\_  
(Street, City, State, ZIP, & How Long)
2. \_\_\_\_\_  
(Street, City, State, ZIP, & How Long)

\_\_\_\_\_  
**Date of Birth** – Required by applicant applying for Commercial Driver Licensed (CDL) positions, i.e., Laborer, Mechanic, Shop Worker, Supervisor

\_\_\_\_\_  
**Social Security Number**– Required by applicant applying for Commercial Driver Licensed (CDL) positions, i.e., Laborer, Mechanic, Shop Worker, Supervisor

\_\_\_\_\_  
Home Telephone (Include Area Code)

\_\_\_\_\_  
Cell Phone (Include Area Code)

\_\_\_\_\_  
Position Desired

\_\_\_\_\_  
Date of Availability

Explain what accommodations you would require if you were hired for this position \_\_\_\_\_

Referral Source: Walk-In \_\_\_\_\_ Advertisement \_\_\_\_\_ Employment Agency \_\_\_\_\_  
Friend/Relative \_\_\_\_\_ Other \_\_\_\_\_

This company complies with the Immigration Reform and Control Act of 1986 and the Immigration Act of 1990. Only United States citizens and aliens lawfully authorized to work in the United States will be hired. Visu-Sewer uses the E-Verify Program to verify identity and employment eligibility of all persons hired as required by Federal law.

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by this company? Yes \_\_\_\_\_ No \_\_\_\_\_

**EXPERIENCE & QUALIFICATIONS (Attach sheet if more space is needed)**

Driver Licenses	State	License No.	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  YES  NO  
 Has any license, permit, or privilege ever been suspended or revoked?  YES  NO  
 Have you ever been convicted of a felony?  YES  NO or misdemeanor?  YES  NO  
 If "Yes," to any above questions explain. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered as it is relevant to the job for which the applicant is applying. \_\_\_\_\_

Certain jobs require working out of town for periods of time. Would this be a problem for you?  YES  NO  
 Certain jobs require a lot of overtime. Are you willing to work overtime?  YES  NO  
 If you are under 18 years of age, can you provide proof of eligibility to work?  N/A  YES  NO

Have you served in the U.S. Military?  YES  NO Branch \_\_\_\_\_

Please detail the job experience you gained while in service. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

**Please list any vocational or professional schools you have attended:**

Name of School	City & State	Course of Study	Degree	Number of years completed	Graduate	
					YES	NO

List any skills, training or qualifications from employment or other experience. \_\_\_\_\_  
 \_\_\_\_\_

List any equipment you can operate \_\_\_\_\_  
 \_\_\_\_\_

List any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT RECORD FOR LAST TEN YEARS (Attach sheet if more space is needed)**

List Last Employer first	Dates	Supervisor
Name: _____ Address: _____ City, ST ZIP: _____ Phone: _____	From: / / To: / /	Name: _____ Title: _____
Reason(s) for Leaving:	<b>Position :</b>	
	<b>Wage:</b>	

While employed for this company, were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)\* (check one)? Yes  No   
 Was your position designated as a safety sensitive function and therefore subject to the DOT-regulated alcohol and controlled substance testing requirements (check one)? Yes  No

Previous Employer	Dates	Supervisor
Name: _____	From: / /	Name: _____
Address: _____		
City, ST ZIP: _____	To: / /	Title: _____
Phone: _____		
Reason(s) for Leaving:	<b>Position :</b>	
	<b>Wage:</b>	

While employed for this company, were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)\* (check one)? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your position designated as a safety sensitive function and therefore subject to the DOT-regulated alcohol and controlled substance testing requirements (check one)? Yes \_\_\_ No \_\_\_

Previous Employer	Dates	Supervisor
Name: _____	From: / /	Name: _____
Address: _____		
City, ST ZIP: _____	To: / /	Title: _____
Phone: _____		
Reason(s) for Leaving:	<b>Position :</b>	
	<b>Wage:</b>	

While employed for this company, were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)\* (check one)? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your position designated as a safety sensitive function and therefore subject to the DOT-regulated alcohol and controlled substance testing requirements (check one)? Yes \_\_\_ No \_\_\_

Previous Employer	Dates	Supervisor
Name: _____	From: / /	Name: _____
Address: _____		
City, ST ZIP: _____	To: / /	Title: _____
Phone: _____		
Reason(s) for Leaving:	<b>Position :</b>	
	<b>Wage:</b>	

While employed for this company, were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)\* (check one)? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your position designated as a safety sensitive function and therefore subject to the DOT-regulated alcohol and controlled substance testing requirements (check one)? Yes \_\_\_ No \_\_\_

Previous Employer	Dates	Supervisor
Name: _____	From: / /	Name: _____
Address: _____		
City, ST ZIP: _____	To: / /	Title: _____
Phone: _____		
Reason(s) for Leaving:	<b>Position :</b>	
	<b>Wage:</b>	

While employed for this company, were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs)\* (check one)? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your position designated as a safety sensitive function and therefore subject to the DOT-regulated alcohol and controlled substance testing requirements (check one)? Yes \_\_\_ No \_\_\_

## DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Refer etc.)	Dates		Approx. No. Of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi- Trailer				
Tractor-Two Trailers				
Other				

**TRAFFIC CONVICTIONS FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

Location	Date	Charge	Penalty

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed) IF NONE, WRITE NONE**

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
<b>Last Accident</b>				
<b>Next Previous</b>				
<b>Next Previous</b>				

**REFERENCES:**

May we communicate with your present employer?     Yes     No

List three people (no relatives) you have worked with, that you do not live with and whom we may contact for a reference.

Name	Address	Phone	Occupation	Relationship to Applicant

### TO BE READ AND SIGNED BY APPLICANT

As a prospective employer we are required to inform all driver applicants that the information provided on this application of employment may be used, and applicants' prior employers may be contacted, for the purpose of investigating the safety performance history information as required by paragraphs (d) and (e) of 49 CFR §391.23 of the Federal Motor Carrier Safety Regulations (FMCSRs). As the prospective employer, we must also notify driver applicants of their due process rights as specified in 49 CFR §391.23(i) of the FMCSRs regarding information received as a result of these investigations. Driver applicants' due process rights include the right to:

- ▲ Review information provided by previous employers;
- ▲ Have errors in the information corrected by previous employers and for 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.

I certify that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omission by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this Company. This includes furnishing a false name or social security number.

I further understand that no representative of Visu-Sewer has the authority to enter into any agreement for employment for any specified period of time and that this Company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this Company, and if hired, my employment will be at-will and may be terminated at any time for any reason without prior notice.

If employed, I agree to abide by all of the work and safety rules of the Company. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination. I understand that this Company is committed to maintaining a drug-free workplace. I am aware that the Company may require a drug test as part of the hiring process. Also, if employed, I realize that the Company conducts post-accident, reasonable suspicion, periodic and/or random drug and/or alcohol testing of its employees.

I have read, understand and agree to the above statement. I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with this Company, it will be necessary for me to complete a new application form.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_