



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

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

1065 15th 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– DO NOT WRITE YOUR NUMBER ON THIS APPLICAION! Please bring this with you to your interview. 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)

Important: Your drivers license information will be required at your interview.

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

Check 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: _____	From: / /	Name: _____
Address: _____	To: / /	Title: _____
City, ST ZIP: _____		
Phone: _____		
Reason(s) for Leaving: _____	Position :	
	Wage:	

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: _____ Address: _____ City, ST ZIP: _____ Phone: _____	From: / / To: / /	Name: _____ Title: _____
Reason(s) for Leaving:	Position :	
	Wage:	

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: _____ Address: _____ City, ST ZIP: _____ Phone: _____	From: / / To: / /	Name: _____ Title: _____
Reason(s) for Leaving:	Position :	
	Wage:	

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: _____ Address: _____ City, ST ZIP: _____ Phone: _____	From: / / To: / /	Name: _____ Title: _____
Reason(s) for Leaving:	Position :	
	Wage:	

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: _____ Address: _____ City, ST ZIP: _____ Phone: _____	From: / / To: / /	Name: _____ Title: _____
Reason(s) for Leaving:	Position :	
	Wage:	

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
Last Accident				
Next Previous				
Next Previous				

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: _____
Type your name

Date: ____/____/____