

Application for Employment

TO APPLICANT: We sincerely appreciate your interest in Wausau Tile, Inc. as a prospective employer. Thank you for taking the time to complete this application.

This application will be considered current for 90 days. After 90 days, you must reapply if you wish to be considered for any future openings.

Wausau Transit, Ltd. is an Equal Opportunity/Affirmative Action Employer. It is our policy not to discriminate on the basis of race, sex, religion, creed, national origin, disability, age, veteran status or any other basis prohibited by applicable local, state or federal fair employment laws and regulations.

It is the policy of Wausau Tile, Inc. and Wausau Transit, Ltd. to prohibit all employees from using tobacco products, at all times, on its premises, including in company vehicles, and at all other locations, including job sites, during working hours.

(Please Print Clearly)

Personal

Date: _____

Name: _____
Last First Middle

Are you at least 21 years of age? Yes No

Date of Birth: _____ (only provide date of birth if you are applying for a position which requires a commercial driver's license).

Telephone number: _____

Address: _____
No. Street City State Zip Code

Are you available for full-time employment? (i.e., 40 hours/week) Yes No

If hired, are you able to submit proof of your eligibility to work? Yes No

Position(s) applied for: _____

Were you previously employed by us? Yes No If yes, when: _____

If your application is considered favorably, when will you be available to work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying for? _____

Have you ever plead guilty to or been convicted of a misdemeanor or felony? Yes No
 (Excluding minor traffic violations, sealed or expunged records, or cases where you were found not guilty.)

If yes, please give the conviction date, nature of offense, and state/county where the conviction was entered.

(A conviction record will not necessarily bar employment. Conviction records are only considered where the circumstances of the conviction substantially relate to the circumstances of the job for which you are applying.)

Do you have any criminal charges currently pending? Yes No

If yes, please describe the nature of the charges and list the state/county where pending: _____

(Pending charges are only considered to the extent substantially related to the job for which you are applying.)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job analysis)? Yes No

If yes, please explain: _____

Employment History

All applicants for positions involving driving in interstate commerce are required to provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle¹ in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE	
Name:	From	To
Address:	Mo. Yr.	Mo. Yr.
City: State: Zip:	Position Held	
Contact Person: Phone Number:	Salary/Wage	
Reason for Leaving		
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing requirements of 49 C.F.R. Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER	DATE	
Name:	From	To
	Mo. Yr.	Mo. Yr.

¹Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

² 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 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Address:			Position Held
City:	State:	Zip:	Salary/Wage
Contact Person:		Phone Number:	Reason for Leaving
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing requirements of 49 C.F.R. Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER			DATE	
Name:			From Mo. Yr.	To Mo. Yr.
Address:			Position Held	
City:	State:	Zip:	Salary/Wage	
Contact Person:		Phone Number:	Reason for Leaving	
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing requirements of 49 C.F.R. Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
Name:			From Mo. Yr.	To Mo. Yr.
Address:			Position Held	
City:	State:	Zip:	Salary/Wage	
Contact Person:		Phone Number:	Reason for Leaving	
Were you subject to the FMCSRs ² while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the Drug and Alcohol Testing requirements of 49 C.F.R. Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Accident Record

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				

Traffic convictions and forfeitures for the past 3 years (other than parking violations). If none, write none.

Location	Date	Charge	Penalty

(attach sheet if more space is needed)

Experience and Qualifications – Driver

List all driver licenses or permits held in the past 3 years.

Driver	State	License No.	Type	Expiration Date
Licenses				

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 the answer to either A or B is yes, give details: _____

Driving experience, check Yes or No.

Class of Equipment	Circle Type of Equipment	Dates		Approx. No. of Miles (total)
		From (M/Y)	To (M/Y)	
Straight Track <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 <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 16 passengers</small>	-----			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 8 passengers</small>	-----			
Other				

List states operated in for the last five years: _____

Show special courses or training that will help you has a driver: _____

Which safe driving awards to you hold and from whom? _____

Experience and Qualifications – Other

Show any trucking, transportation or other experience that may help in your work for this Company.

List courses and training other than shown elsewhere in this application. _____

List special equipment or technical materials you can work with (other than those already shown). _____

Education

Circle the highest grade completed:

High School: 9 10 11 12 Did you graduate? Yes No

Name and address of last school attended: _____

Vocational/Technical: 1 2 3 4 Did you graduate? Yes No

Name and address of last vocational/technical school attended: _____

College/University: 1 2 3 4 Did you graduate? Yes No

Name and address of last college/university attended: _____

Personal References

Name and Relationship	Address	Phone Number

Certification

I certify that all information provided in this employment application is true and complete. I understand that any false or misleading information or the material omission may disqualify me from further consideration for employment and, if hired, may result in my dismissal if discovered at a later date.

I further understand that this application is not intended to be a contract of employment, either express or implied, nor does this application obligate Wausau Tile, Inc. in any way if they decide to employ me. I understand and agree that my employment is "at-will" and can be terminated by either party, with or without notice, at any time, for any reason or no reason at all.

I authorize Wausau Tile, Inc. to do a background investigation on me. This includes a request from previous/present employers as to my employment history, personal references and school records (except as previously indicated) and I hereby release all persons and corporations requesting or supplying information from all liability or responsibility to me in doing so.

Applicant's Signature

Date Signed

FOR OFFICE USE ONLY

Interview

Date	Interviewer	Comments

Reference Checks

Date	Results of Reference Check	Date	Results of Reference Check
Company		Company	

Wausau Transit, Ltd. P.O. Box 1520 Wausau, WI 54402-1520 Phone: (715) 359-3121