

# EMPLOYMENT APPLICATION



BRAKEBUSH BROTHERS, INC.,  
N4993 6th Drive, Westfield, WI 53964

AN EQUAL OPPORTUNITY EMPLOYER

To be filled out by the applicant only.  
Print neatly. Answer all questions.  
If any question does not apply to you, put "N/A". Incomplete applications will not be considered.

Equal Opportunity Statement

This company is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company 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, or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

Date of Application \_\_\_\_\_

PLEASE PRINT

Last Name and / or other names used	First Name	Middle or Initial	Social Security Number
Street Address-	City-	State	Zip Code
	County-		Phone Number ( )
Date Available for Employment	Shift: 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/>	Position Applied For	
			Yes      No
1. Are you at least 18 years of age?			
2. Have you the legal right to work in the United States?			
3. Have you been convicted of a felony within the last 7 years? (A conviction will not necessarily bar employment. We will evaluate the circumstances of the offense as to a substantial relationship to the circumstances of the job.) We reserve the right to use information outside the 7 year time frame.			
4. Have you ever been discharged by an employer? If yes, please explain.			
5. Have you ever been disciplined for violating safety rules? If yes, how often?			
6. Are you willing to work required overtime?			
7. Are you on layoff or subject to recall?			
8. Are you capable of performing the essential functions of the position for which you are applying with or without accommodations?			
9. What was your number of unexcused absences or unexcused tardiness in the last 12 months that you worked?			

**EDUCATION**

	Name and Location	Grade completed	Graduated Yes    No	Degree Awarded	Field of Major Study
High School					
College or Technical					
Other					

**MILITARY**

Branch of Service:	Duties:
Describe any specialized training:	

How did you hear of the job opening? Newspaper \_\_\_ Word of Mouth \_\_\_ Employment Agency \_\_\_ Employee \_\_\_ (name) \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give accurate and complete information. Start with present or most recent employer:

Company Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If employed, may we contact your present employer? Yes \_\_\_ No \_\_\_  
 Have you filed and application here before? Yes \_\_\_ No \_\_\_  
 Have you ever been employed here before? Yes \_\_\_ No \_\_\_ Dates \_\_\_\_\_

List three work or education references we may contact (e.g. former or present employers, supervisors, school advisors or faculty). Do not list relatives.

Name	Address	Phone Number

**READ CAREFULLY**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I understand that employment is subject to verification of lawful age and legal right to work in the United States. I will submit such documents as may be required to verify the same.

I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may cause termination.

I understand that I may be required to take pre-employment job related skills tests.

I understand that this application will be kept on file for six months. After that time period, I must submit another application.

I understand that a placement medical examination based on the Any job offers are provisional and contingent upon results of all pre-employment screening. I certify 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.

requirements of the position for which I am being considered may be required and that pre-employment drug testing is a requirement. I authorize any physician who has examined me or treated me to give Brakebush Brothers, Inc. or Brakebush Transportation, Inc. a complete report.

I also authorize the companies, schools, law enforcement, driver license agency, Dept. Of Justice, Backgrounds on line. USIS or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release from liability and responsibility all persons companies of corporations supplying such information and Brakebush Brothers, Inc. in obtaining the same.

In the event of employment, I understand that employment can be terminated by either party for any reason with or without notice. I have carefully read the above and fully understand the same.

\_\_\_\_\_  
Date  
3/4/10

\_\_\_\_\_  
Signature

**BRAKEBUSH BROTHERS, INC**  
**AFFIRMATIVE ACTION QUESTIONNAIRE**

Name \_\_\_\_\_ Date \_\_\_\_\_

One of the requirements of our Affirmative Action Program is to report the number of males/females and minority/non-minority employees and applicants. In order to accurately report this number, we would like you to complete the following questionnaire. Please indicate any of the following that apply:

Male \_\_\_\_\_

Female \_\_\_\_\_

White \_\_\_\_\_

Black or African American \_\_\_\_\_

Asian \_\_\_\_\_

American Indian or Alaska Native \_\_\_\_\_

Hispanic (White Race Only) \_\_\_\_\_

Hispanic (All Other Races) \_\_\_\_\_

Pacific Islander \_\_\_\_\_

Vietnam Era Veteran \_\_\_\_\_

Individuals with Disabilities \_\_\_\_\_

Special Disabled Veteran \_\_\_\_\_

Type of Disability \_\_\_\_\_

Other Veteran \_\_\_\_\_

Date of Disability \_\_\_\_\_

Newly Separated Veteran \_\_\_\_\_

The information requested above is voluntary and will be kept confidential by Brakebush Brothers, Inc. Refusal to supply any of the above information will not subject you to adverse treatment.

The information given above will not become part of your employment file or application, nor will it be used as a basis for any personnel action. The purpose of this information is for affirmative action recordkeeping only.

**Brakebush Brothers, Inc. is subject to the Office of Federal Contract Compliance which requires all federal contractors to collect this information on all applicants.**

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1  Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but **not** age 25 or older, **and**:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
  - Discharged or released from active duty in the U.S. Armed Forces, **or**
  - Unemployed for a period or periods totaling at least 6 months.
- 5  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For Employer's Use Only

Employer's name \_\_\_\_\_ Telephone no. ( ) - EIN ▶ \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. ( ) - \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:

Gave information \_\_\_\_/\_\_\_\_/\_\_\_\_ Was offered job \_\_\_\_/\_\_\_\_/\_\_\_\_ Was hired \_\_\_\_/\_\_\_\_/\_\_\_\_ Started job \_\_\_\_/\_\_\_\_/\_\_\_\_

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job \_\_\_\_\_

Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . . . 3 hrs., 16 min.
Learning about the law or the form . . . . . 46 min.
Preparing and sending this form to the SWA . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.