



The DeLong Co., Inc.

APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____
(Print)

Company The DeLong Co., Inc. / DeLco Transport Inc. / Tri-County Stockdale
Address P. O. Box 552
City Clinton State WI Zip 53525

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand the information I provide regarding current and/or previous employers may be used, and those employer (s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

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

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWER _____

APPLICANT TO COMPLETE
(Answer all questions- please print)

Position(s) Applied For _____

Name _____ Phone No. _____
Last First Middle

Current Address _____
Street City

Where did you hear/see The DeLong Company job openings? (Check boxes that apply)

Facebook www.delongcompany.com Other _____
Indeed.com Word of Mouth
Newspaper Radio

Do you have the legal right to work in the United States? _____

Are you 18 years of age or older? _____ Can you provide proof of age? _____

Have you worked for the company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

Are you willing to undergo a background check, in accordance with local law/regulations? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

EMPLOYMENT HISTORY

You may also attach a resume instead of filling out this section.

EMPLOYER	FR: MO.	YR.	TO: MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NO.	REASON FOR LEAVING		

EMPLOYER	FR: MO.	YR.	TO: MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NO.	REASON FOR LEAVING		

EMPLOYER	FR: MO.	YR.	TO: MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NO.	REASON FOR LEAVING		

TO BE READ AND SIGNED BY APPLICANT

This certifies 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.

Signature: _____ Date: _____