



*The DeLong Co., Inc.*

## APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Print)

Company The DeLong Co., Inc. / DeLco Transport Inc.  
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](http://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: HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

LAST SCHOOL ATTENDED (NAME) \_\_\_\_\_ (CITY, STATE) \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

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

EMPLOYER \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ POSITION HELD \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**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:** \_\_\_\_\_