

# TRIERWEILER

## CONSTRUCTION & SUPPLY CO. INC.

2916 S Cherry Ave  
Marshfield, WI 54449

Office: 715-387-8451 Fax: 715-384-5599

Trierweiler Construction & Supply Co., Inc. is an equal opportunity/affirmative action employer and does not discriminate on the basis of sex, color, ancestry, disability, marital status, race, creed, age, use of lawful products, arrest or conviction record, honesty testing, national origin, pregnancy or childbirth, sexual orientation, genetic testing, or military service membership, unemployment status, or other basis prohibited by applicable local, state or federal fair employment laws or regulations.

*Applications will remain effective for the current construction season. Thereafter, you must re-apply if you wish to continue to be considered for employment. Applicants with a disability may request accommodations needed in the application and/or interview process.*

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### TO BE READ AND SIGNED BY APPLICANT

I authorize Trierweiler Construction & Supply Co., Inc. 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 Trierweiler Construction & Supply Co., Inc.

I understand that 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 Trierweiler Construction & Supply Co., Inc.; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

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

Have you worked for Trierweiler Construction & Supply Co., Inc. in the past? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you a member of a union? \_\_\_\_\_ If yes, which local? \_\_\_\_\_

**EDUCATION AND TRAINING**

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) \_\_\_\_\_

List any courses and/or training and/or equipment you can operate which you consider relevant to the position for which you are applying \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

The following information should be completed by all applicants. All driver applicants of vehicles with a GVW of 26,001 lbs. or more **must** complete this section. List most recent or current employer first.

Employer Name	Dates employed	
	From	To
Address	Position held	
City	State	Zip
Contact Person	Phone Number	
Duties:		
Reason for leaving		
Subject to drug and alcohol testing requirement of 49 CFR part 40? _____yes _____no		

Employer Name	Dates employed	
	From	To
Address	Position held	
City	State	Zip
Contact Person	Phone Number	
Duties:		
Reason for leaving		
Subject to drug and alcohol testing requirement of 49 CFR part 40? _____yes _____no		

Employer Name	Dates employed	
	From	To
Address	Position held	
City	State	Zip
Contact Person	Phone Number	
Duties:		
Reason for leaving		
Subject to drug and alcohol testing requirement of 49 CFR part 40? _____yes _____no		

Employer Name	Dates employed	
	From	To
Address	Position held	
City	State	Zip
Contact Person	Phone Number	
Duties:		
Reason for leaving		
Subject to drug and alcohol testing requirement of 49 CFR part 40? _____yes _____no		

Employer Name	Dates employed	
	From	To
Address	Position held	
City	State	Zip
Contact Person	Phone Number	
Duties:		
Reason for leaving		
Subject to drug and alcohol testing requirement of 49 CFR part 40? _____yes _____no		

Employer Name	Dates employed	
	From	To
Address	Position held	
City	State	Zip
Contact Person	Phone Number	
Duties:		
Reason for leaving		
Subject to drug and alcohol testing requirement of 49 CFR part 40? _____yes _____no		

The following information **must** be completed by all driver applicants of vehicles with a GVW of 26,001 lbs. or more.

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**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

**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**

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

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- 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** Circle those that apply

- Straight Truck
- Van      Tank      Tri-axle Dump      Tri-axle Mixer      Quad-axle Dump
- Quad-axle Mixer      Front Discharge Mixer
- Tractor & Lowboy Trailer      Quad-axle Dump with Trailer

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



## SEXUAL HARASSMENT IN THE WORKPLACE

In 1980, the EEOC issued guidelines stating that “sexual harassment” is a form of sex discrimination prohibited by Title VII of the Civil Rights Act of 1964.

Trierweiler Companies prohibit sexual harassment in any form in any and every workplace, and will strive to eliminate sexual harassment from taking place within the companies. Trierweiler Companies hold the managers, supervisors, and forepersons responsible for eliminating sexual harassment from their work areas and educating subordinates on the effects of sexual harassment.

Sexual harassment is defined to be unwanted conduct or communications of sexual nature, which adversely affects a person’s employment relationship or working environment. Three basic criteria have been established to determine whether behavior constitutes unlawful harassment:

- 1) If submission to the conduct is either an explicit or implicit term or condition of employment;
- 2) If submission to or rejection of the conduct is used as a basis for an employment decision affecting the person rejecting or submitting to the conduct; or
- 3) If the conduct has a purpose or effect of substantially interfering with a person’s work performance or creating and intimidating, hostile, or offensive work environment.

Employees should do the following when they feel they are being harassed:

- 1) Continue to report to work.
- 2) Verbalize disapproval and demand that the action cease.
- 3) Document the occurrence(s).
- 4) Identify a witness.
- 5) Complain officially.

Official complaints can be submitted in writing or verbally to Jill Iwanski, our Equal Employment Opportunity Officer. She can be contacted at the office during normal business hours by calling 715-387-8451 or emailing [jill@tpaving.com](mailto:jill@tpaving.com). Complaints may also be mailed to Jill at:

Jill Iwanski, Payroll Manager/EEO Officer/Safety Director  
Trierweiler Construction Companies  
2916 S Cherry Ave  
Marshfield, WI 54449

All complaints will be kept confidential.

The policy on sexual harassment should not be construed as an intent on the part of Trierweiler Companies to regulate the social interactions or relationships freely entered into by employees on their own time.

**Authorization to Release Information**

**Please read the information on this form carefully and completely.**

I have applied for employment with Trierweiler Construction Companies and have provided information about my previous employment. I authorize Trierweiler Construction Companies to conduct a reference check with my present and/or previous employer(s). I understand that reference information may include, but not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary, drug and alcohol testing history, and employment history.

My signature below authorizes my former or current employers and references to release information regarding my employment record with their organizations and to provide any additional information that may be necessary for my application for employment to Trierweiler Construction Companies, whether the information is positive or negative. I knowingly and voluntarily release all former and current employers, references, and Trierweiler Construction Companies from any and all liability arising from their giving or receiving information about my employment history and my suitability for employment with Trierweiler Construction Companies.

This form may be photocopied or reproduced as a facsimile, and these copies will be as effective as a release or consent as the original which I sign.

**Name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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