



PO Box 127
14012 SD Hwy 25
Webster, SD 57274
Phone: 605-345-3881
FAX: 605-345-3405

APPLICATION for EMPLOYMENT

DATE _____

PERSONAL INFORMATION				
LAST NAME		FIRST NAME	MIDDLE INITIAL	
STREET ADDRESS		CITY	STATE	ZIP
PRIMARY PHONE		SECONDARY PHONE	DATE OF BIRTH	
EMAIL ADDRESS			DRIVERS LICENSE NUMBER	
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a citizen of the United States or otherwise lawfully authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? (This will not necessarily affect your application.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
If YES, please describe: _____				

EMPLOYMENT DESIRED		
POSITION	DESIRED STARTING SALARY	HOW DID YOU LEARN OF THIS OPENING?
AVAILABLE START DATE	EVER APPLIED TO OR WORKED FOR THIS COMPANY BEFORE? YES or NO	IF YES, WHEN?
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOURS DESIRED: INDICATE FULL-TIME, PART-TIME, SEASONAL, SUMMER, ETC.	
ARE YOU WILLING TO TRAVEL IF THE JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IDENTIFY ANY RESTRICTIONS	

EDUCATION			
	INSTITUTION & LOCATION	YEARS ATTENDED	DEGREE and/or MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER TRAINING			
OTHER TRAINING			
MILITARY OR NAVAL SERVICE			RANK

EMPLOYMENT HISTORY

Please list your last 3 employers or your last 7 years of work history. List your most recent work experience first.

EMPLOYER	START DATE	END DATE
COMPLETE ADDRESS		PHONE
JOB DESCRIPTION & RESPONSIBILITIES		
SUPERVISOR	SUPERVISOR'S PHONE	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	ENDING SALARY

EMPLOYER	START DATE	END DATE
COMPLETE ADDRESS		PHONE
JOB DESCRIPTION & RESPONSIBILITIES		
SUPERVISOR	SUPERVISOR'S PHONE	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	ENDING SALARY

EMPLOYER	START DATE	END DATE
COMPLETE ADDRESS		PHONE
JOB DESCRIPTION & RESPONSIBILITIES		
SUPERVISOR	SUPERVISOR'S PHONE	
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING	ENDING SALARY

If you were subject to the Federal Motor Carrier Safety Regulations while employed above, identify those employers by labeling "**FED**".

If any of your job positions were designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40, please identify those employers by labeling "**DOT**".

Please explain any gaps in employment and/or unemployment. Include dates (Month/Year) and reason.

Are there any other skills, qualifications or experiences that we should consider (other than your employment)?

REFERENCES

List three personal references (not related to you) who have known you for more than one year.

FIRST NAME	LAST NAME	YEARS KNOWN
EMAIL ADDRESS		PHONE
POSITION TITLE	NATURE OF RELATIONSHIP	

FIRST NAME	LAST NAME	YEARS KNOWN
EMAIL ADDRESS		PHONE
POSITION TITLE	NATURE OF RELATIONSHIP	

FIRST NAME	LAST NAME	YEARS KNOWN
EMAIL ADDRESS		PHONE
POSITION TITLE	NATURE OF RELATIONSHIP	



Applicants NOT applying for a CDL driving position, go to page 5, read the top authorization statement, and then sign to complete your application.

Applicants applying for a CDL driving position need to continue and complete the following information before signing both Authorization sections on the last page.

PREVIOUS THREE YEARS RESIDENCY

STREET ADDRESS	CITY	STATE	ZIP	# YEARS

LICENSE INFORMATION

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
-------	-------------	------	-----------------

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	APPROX TOTAL MILES	DATES - FROM/TO
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR & 2 TRAILERS			
OTHER			
OTHER			

ACCIDENT RECORD - past 3 years

Attach additional sheet if more space is needed.

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS YES or NO

TRAFFIC CONVICTIONS & FORFEITURES - past 3 years

Do not include parking violations. Attach additional sheet if more space is needed.

DATE CONVICTED MONTH/YEAR	VIOLATION	STATE	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

DISCLOSURE

	YES	NO
Have you ever been denied a license, permit or privilege to operate a motor vehicle? If yes, please explain:		
Has any license, permit or privilege ever been suspended or revoked? If yes, please explain:		

AUTHORIZATION

To be read and signed by all Applicants.

I certify that all information provided by me on this application is true and complete to the best of my knowledge, and understand that, if employed, falsified or misleading information given in my application or interviews may result in discharge.

I authorize investigation of all information contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, necessary for arriving at an employment decision. I hereby release the company and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In compliance with federal law, I understand that I am required to verify identity and eligibility to work in the United States and complete the required employment eligibility verification document upon being hired.

PRINT YOUR NAME

DATE

SIGNATURE

To be read and signed by CDL Driver Applicants only.

I understand that information I provide regarding current and/or previous employers may be used and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391 23(d) and (e).

I understand I have the right to:

1. Review information provided by current or previous employers.
2. Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to Webster Scale, Inc.
3. Have a rebuttal statement attached to the alleged erroneous information. If a previous employer and I cannot agree on the accuracy of the information.

SIGNATURE

DATE

Webster Scale, Inc. is an equal opportunity employer. We shall provide an equal employment opportunity to our employees and applicants without regard to race, color, religion, national origin, political affiliation, sex, age, handicap or sexual preference.