



PO BOX 8
TOMAHAWK, WI 54487
(715) 453-6008
cruisers@cruisersdrivingschool.com

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Position Applied For	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Drivers License Information		State Issued		Expiration Date	
Current or Past Instructor License Info		Circle: None DPI DOT		DL #	
Are you physically able to sit for long periods of time.		YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you willing & available to work nights and week-ends	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?	
Have you ever been convicted of a felony OR misdemeanor? Per DOT Regulations you will be required to provide us with a criminal records check prior to employment to forward to DOT.		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references(non-relatives)

Full Name		Position
Company		Phone ()
Address		
Full Name		Position
Company		Phone ()
Address		
Full Name		Position
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT HISTORY-ATTACH SEPARATE SHEET IF MORE SPACE NEEDED. LIST COMPLETE HISTORY FOR LAST 15 YEARS(OMISSIONS WILL BE CONSIDERED UNDER THE DISCLAIMER SECTION).

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Explain			
Emergency Contact		Phone	Address

MISC. TRAINING, SPECIAL SKILLS, MEMBERSHIPS(EXCLUDE THOSE THAT WOULD INDICATE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN)

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. Your criminal history will only be considered as it relates to the position for which you are applying. If this application leads to employment, I understand that false, missing or misleading information in my application or interview may result in my immediate release from employment. In consideration for employment I agree to conform to the Wis. Dept. of Transportations and Cruisers Driving School's rules & regulations. I agree that as a condition of my employment I will be required to sign a Non-Compete Agreement. My employment and compensation can be terminated, with or without cause, and without notice at any time. I understand that no company representative other than the owner and then only in writing has the authority to enter into any agreement for employment contrary to the forgoing.

Signature	Date
-----------	------