



318 W. Decker St., Viroqua, WI 54665 608.637.2599

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## Employment Application

### An Equal Opportunity Employer

Running Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of Running Inc.

Please complete all sections and return to Running Inc. 318 West Decker Street, Viroqua, WI 54665

## Applicant Information

Applicant Name

Home Phone (including area code)

Street Address

Cell Phone

City

E-mail Address

State & Zip

How were you referred to Running Inc.?

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## Employment Positions (include city)

Driver at which location?

Dispatcher (Viroqua location only)

Office (Viroqua only)

If hired, on what date can you start working?

## Work Schedule:

Please specify **ALL a.m. and p.m. hours** (24 hours) and the days you are available to work.

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

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## Personal Information

Have you ever applied to / worked for Running Inc. before?      Yes      No

Do you have any friends, relatives, or acquaintances working for Running Inc.?      Yes      No

If yes, state name & relationship:

If hired, are you willing to submit to and pass a controlled substance test?      Yes      No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?      Yes      No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?      Yes      No

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case.

## Education, Training and Experience

### High School:

High school name:

School address:

School city, state, zip:

Number of years completed:

Did you graduate?

Degree / diploma earned:

### Vocational School:

Vocational School name:

School address:

School city, state, zip

Number of years completed:

Did you graduate?

Degree / diploma earned:

### Military Service:

Branch:

Rank:

Years of Service:

Skills / duties:

Related details:

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## Additional Information

Do you speak, write or understand any foreign languages?

Yes

No

If yes, please indicate which language(s) and level of fluency.



Position and Duties:

May we contact this employer for references?      Yes      No

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Name of Employer:

Telephone Number:

Name of Supervisor:

Business Type:

Street Address:

City, State, Zip:

Length of Employment:

Reason for Leaving:

Position and Duties:

May we contact this employer for references?      Yes      No

(Continue on last page if you need to list additional work employment history.)

## References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

First and Last Name:

City, State, Zip:

10-Digit Telephone Number:

Occupation:

Street Address:

Number of Years Acquainted:

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First and Last Name:

City, State, Zip:

10-Digit Telephone Number:

Occupation:

Street Address:

Number of Years Acquainted:

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First and Last Name:

City, State, Zip:

10-Digit Telephone Number:

Occupation:

Street Address

Number of Years Acquainted:

**Please Read and Initial Each Paragraph, then Sign and Date below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature:

Date:

## **Additional Employment History** (if needed)

Name of Employer:

Telephone Number:

Name of Supervisor:

Business Type:

Street Address:

City, State, Zip:

Length of Employment:

Reason for Leaving:

Position and Duties:

May we contact this employer for references?

Yes

No

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Name of Employer:

Telephone Number:

Name of Supervisor:

Business Type:

Street Address:

City, State, Zip:

Length of Employment:

Reason for Leaving:

Position and Duties:

May we contact this employer for references?

Yes

No