



BROWN CAB

COMMUNITY TRANSPORTATION SOLUTIONS

318 West Decker St. Viroqua, WI 54665 608.637.2599

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 Ave. Viroqua, WI 54665

Applicant Information

Date Completed: _____

Applicant Name _____

Current Address:

Home Phone _____

Number and street _____

Cell Phone _____

City _____

Email Address _____

State & Zip _____

How were you referred to Running Inc.? _____

Employment Positions (Include name of city)

Driver _____ (Location?) Dispatcher _____ (Location?) Office _____ (Viroqua location only)

Work Schedule:

If hired, on what date can you start working? ___ / ___ / ___

What days and hours are you available to work?

Please check all that apply.

	12:00 AM	1:00 AM	2:00 AM	3:00 AM	4:00 AM	5:00 AM	6:00 AM	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM	10:00 PM	11:00 PM
SUN																								
MON																								
TUE																								
WED																								
THR																								
FRI																								
SAT																								

Personal Information:

Have you ever applied to / worked for Running Inc. before? [] Y or [] N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Running Inc.? [] Y or [] N

If yes, state name & relationship: _____

If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

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:

School name: _____
School address: _____
School city, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma earned: _____

Vocational School:

Name: _____
Address: _____
City, state, zip: _____

Number of years completed: _____

Did you graduate? [] Y or [] N

Degree / diploma? : _____

Military:

Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/duties: _____
Related details: _____

Additional Information

Do you speak, write or understand any foreign languages? [] Y or [] N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be. _____

Employment History

Are you currently employed? [] Y or [] N If employed, may we contact your current employer? [] Y or [] N

Following, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Name of Employer: _____
Name of Supervisor: _____

Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____
Name of Supervisor: _____

Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____
Name of Supervisor: _____

Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment: _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Continue on page 4 if you need to list additional positions.

References

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

Name - First, Last: _____
Telephone Number: _____
Address: _____

City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____

City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Name - First, Last: _____
Telephone Number: _____
Address: _____

City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign 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 (continued from page 3, if needed)

Name of Employer: _____
Name of Supervisor: _____

Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____
Name of Supervisor: _____

Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____
Name of Supervisor: _____

Telephone Number: _____
Business Type: _____
Address: _____
City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Applicant's Signature: _____ **Date:** _____