



T.A. Solberg Co., Inc – Application of Employment
(Trig's, Village Market, Postal Express, Trig's Shell, Trig's Smokehouse)

Date: _____

Name: _____ E-mail Address: _____

Current Address: _____ City: _____

State / Zip: _____ Phone: _____

Phone number where we can reach you during the day: _____

If you are under 18, please state age and date of birth: _____

Are you either: (1) a U.S. citizen or, if not, (2) do you currently have lawful employment authorization which permits you to work for the Company without the Company having to take any action, either upon employment, or at any date in the future, to ensure or assist you in maintaining lawful employment authorization to work for the Company? Yes No

If your answer was "Yes," answer the following question: Are you a student on a temporary visa?
 Yes No Proof of authorization to work will be required if employed by the company.

Have you ever applied to the company before: _____ If yes, when and under what name:

Have you ever worked with us before? _____ If yes, when, where, and under what name:

General

Note: *If you are applying for a position that requires a commercial driver's license (CDL), additional information will need to be provided on a Driver Application Addendum. This addendum can be downloaded from <https://trigs.com/careers> (Look for the download button). Please be prepared to have the addendum completed in full and ready to be turned in upon an interview request.*

Position(s) applied for: List top 3 choices: *Examples: Cashier, Deli, Bakery, Stocker, Bagger*

Position: _____ Desired Rate of Pay: _____

Position: _____ Desired Rate of Pay: _____

Position: _____ Desired Rate of Pay: _____

Please indicate which type of employment interest you:

Full-time Part-time Seasonal Temporary (please specify dates): _____

How did you hear that our company was hiring(circle all that apply): Referral Company Website Walk-In Social Media Newspaper (Please specify which one) _____

In-store Signage Job Site (ex. Indeed, Glassdoor) Other _____

Availability

List times available next to each day (ex. Mon: 3pm to 10pm) – (This does not guarantee any specific hours. Opportunities available based on flexibility.)

Sun: _____ Mon: _____ Tues: _____ Wed: _____

Thurs: _____ Fri: _____ Sat: _____

On occasion, we work more than 8 hours per day and most holidays -- is that a problem? Yes _____ No _____
Do you have transportation to work? Yes _____ No _____

Why are you applying for this position: _____

Are you presently employed: _____ If yes, why do you seek to change your employment: _____

Are you on layoff and subject to recall: _____ If yes, When is the possible recall date: _____

Criminal And Other Offenses

(1) Have you ever been convicted of, plead no contest to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense? A yes answer does not automatically disqualify you from employment. Yes _____ No _____ If Yes, provide 1) the nature of each conviction; 2) date of each conviction; and 3) state and county in which you were convicted:

(If you are in doubt about the nature of any offense, please list; this question is designed to require disclosure of all past convictions, violations, fines or offenses, and the failure to list a conviction, offense, violation or fine will be considered falsification and will be grounds for refusal to hire or termination of employment. However, no applicant will be denied a position because of a past conviction, offense, violation or fine, which is not substantially related to the circumstances of the employment sought.)

(2) Are you currently subject to a pending criminal charge for any misdemeanor or felony? A yes answer will not automatically disqualify you from employment. Yes _____ No _____ If Yes, provide 1) the nature of the pending charge; 2) date of the pending charge; and 3) state and county in which the charge is issued:

(This question is designed to obtain information on all pending criminal charges, whether felony or misdemeanor. However, no applicant will be denied a position because of a pending criminal charge which is not substantially related to the circumstances of the employment sought.)

Education

Highest Level of Education Completed 8 9 10 11 12 13 14 15 16 17+

Did you Graduate? ___ Yes ___ No Degree/Diploma/Certificate _____

Please list any academic honors or certifications you have received that you believe relate to the job or jobs for which you are applying: _____

Employment History

NOTE: This information will be detailed in the Addendum to this application.

Present or Most Recent Employer:

If this is your current employer, may we contact for a reference? Yes _____ No _____

Professional References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address/Phone #	Business
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Equal Opportunity Policy

T. A. Solberg Co., Inc. is an equal opportunity employer and fully subscribes to the principles of equal employment opportunity. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, or disability, or any other basis prohibited by Federal or State law. As an equal opportunity employer, this company intends to comply with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law. This application will be given consideration, but its receipt does not imply that the applicant will be interviewed or employed. If you need an accommodation to participate in the application process, please contact the HR Department.

*Applicants are generally expected to be available during all 12 months of the year

*If you do not hear from us within 60 days, please submit a new application.

*For detailed information about our dress code policies including standards on attire, jewelry, piercings, tatoos, footwear, hair style, smoking, and food safety, please contact the HR Department. Certain accommodations can be made to ensure all associates are able to comply with all policies.

COVID-19 Policies

In an effort to provide a safe work environment for all associates, guests, and busines partners, a series of safety protocols and policies are in effect to prevent the spread of illness and disease. Associates will be required to comply with the following policies:

-Personal Health Notification Policy: All associates must notify their facility leader immediately if experiencing any of the following symptoms or health concerns:

-Cold or flu-like symptoms (Sore Throat, Fever, Coughing, Shortness of Breath, Body Aches)

-Exposure or suspected exposure to anyone with cold or flu-like symptoms

-Diagnosed with or being tested for COVID-19.

-Exposure or suspected exposure e to anyone diagnosed with or being tested for COVID-19.

-Subjected to a quarantine at the recommendation of a health official or provider.

-Quarantine Guidelines: There are certain quarantine guidelines that will be enforced that complies with CDC recommendations. These guidelines are subject to change. Please contact your location's HR Leader if you have specific questions about these protocols. In some scenarios, temporary mask wearing may be required.

Employment Agreements

Are you subject to any employment agreement or post-employment agreement with any other employer (including, but not limited to, employment contracts, non-compete agreements, intellectual property rights agreements and/or confidentiality agreements)? Yes _____ No _____ If yes, attach a complete and accurate copy of each agreement.

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability all representatives of T.A. Solberg Co., Inc. for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they may have about me to T.A. Solberg Co., Inc., including all of my personnel records with prior employers. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to T.A. Solberg Co., Inc. from any and all liability for any damage for giving this information. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then T.A. Solberg Co., Inc. may deny me employment or terminate my employment, and I agree that T.A. Solberg Co., Inc. shall not be liable in any respect if it does so.

I understand that if I am employed by T.A. Solberg Co., Inc., any such employment is not binding on either party for any specific period of time. I further understand that no representative of T.A. Solberg Co., Inc., other than the President, has any authority to enter into any agreement for employment for any specified period of time. Any such agreement must be in writing and signed by the President. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of T.A. Solberg Co., Inc. is invalid and should not be relied on by me. I understand that if employed I will be an employee-at-will and that either T.A. Solberg Co., Inc. or I may terminate that employment relationship at any time, for any reason, with or without notice.

(Signature of Applicant)

(Date)

Authorization for Reference Check

I am applying for employment with T.A. Solberg Co., Inc. I hereby authorize any and all persons (including any and all employers with whom I have been employed, schools that I have attended and organizations with which I have been connected) to release any and all information they have about me to T.A. Solberg Co., Inc. This includes all of my personnel records with prior employers and any information about my performance during my employment with them and also includes all of my transcripts from any schools that I have attended. I hereby release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to T.A. Solberg Co., Inc. from any and all liability for any damage for giving this information.

This Authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this Authorization may be used by T.A. Solberg Co., Inc. and shall be as effective as the original.

(Signature of Applicant)

(Date)



Information provided in this application addendum is intended to comply with [49 CFR 391.21](#).

DRIVER EMPLOYMENT APPLICATION

T.A. Solberg Co., Inc., 420 Oneida St., PO Box 50, Minocqua, WI 54548
An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? YES NO

PREVIOUS THREE YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
TRACTOR & TANKER				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME				PHONE	
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

SECOND (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

THIRD (MOST RECENT) EMPLOYER

NAME				PHONE		
ADDRESS						
POSITION HELD			FROM MO/YR			TO MO/YR
REASON FOR LEAVING					SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> YES <input type="checkbox"/> NO						

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

OTHER QUALIFICATIONS

Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize T.A. Solberg Co., Inc. to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			