



General Employment Application

The Clearwing Group is an equal opportunity employer. Clearwing is committed to equal employment opportunities in all employment practices and decisions including: recruitment, hiring, promotion, training, compensation and disciplinary action with regard to the terms and conditions of employment. Clearwing does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, or any other legally protected characteristic.

APPLICANT INFORMATION	
Full Legal Name (first, middle initial, last):	
Current Address (street, city, state, zip code):	Mobile Telephone:
Email Address:	Home Telephone:
Former Address for past three years (street, city, state, zip code):	
1.	
2.	
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list for reference checking purposes.	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, you will be required to provide proof of work authorization.	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired you may be asked to furnish proof of age.	
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.	
Position Applying For:	Salary Preference: \$
When can you start?	Shift Preference:
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:
How were you referred to the company?	<input type="checkbox"/> Agency <input type="checkbox"/> Company Website <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Social Media <input type="checkbox"/> School <input type="checkbox"/> Other _____

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)

Do you have any pending criminal charges against you? Yes No

If yes, describe the 1) nature of charges, 2) date issued, and 3) county and state where issued.

SPECIAL SKILLS/AWARDS

1. If relevant, please describe any courses, training, equipment or technical material experience you have:

2. If applicable, which safe driving awards do you hold and from whom?

EDUCATION

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate:				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify):				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

TRAINING COURSES

List Any Relevant Training Programs Completed

Course/Seminar	Organization	Content	Date(s) Attended

EMPLOYMENT HISTORY (START WITH MOST RECENT; USE SEPARATE SHEET IF NECESSARY).

Name of Employer:		Telephone:	
Address:			
Job Title:		Employment Dates (MM/YY- MM/YY)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Salary — start \$		Salary — end \$	
Reason for Leaving:			
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer:		Telephone:	
Address:			
Job Title:		Employment Dates (MM/YY- MM/YY)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Salary — start \$		Salary — end \$	
Reason for Leaving:			
Name of Employer:		Telephone:	
Address:			
Job Title:		Employment Dates (MM/YY- MM/YY)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Salary — start \$		Salary — end \$	
Reason for Leaving:			
Name of Employer:		Telephone:	
Address:			
Job Title:		Employment Dates (MM/YY- MM/YY)	
Name of Immediate Supervisor:		From:	To:
Description of Duties:			
Salary — start \$		Salary — end \$	
Reason for Leaving:			

PROFESSIONAL EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications (no relatives or personal friends).

Name:	Telephone:
	Email Address:
Relationship:	How long known?
Name:	Telephone:
	Email Address:
Relationship:	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that a pre-employment drug screen and driver road test may be required.
4. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
5. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant: _____

Date: _____

WISCONSIN OFFICE
 11101 W. Mitchell St.
 Milwaukee, WI 53214
 Tel: 414 258 6333
 Fax: 414 258 7722

ARIZONA OFFICE
 5640 S. 40th St, Suite 1
 Phoenix, AZ 85040
 Tel: 602 850 6333
 Fax: 602 344 7722

www.clearwing.com

Voluntary Self-Identification Survey Form

Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants and employees in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

Clearwing Productions abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. Clearwing Productions also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a)), and protected veteran status (per 41CFR 60-300.5(a)).

PART I. General Information

Name: _____

Position Applying For: _____ Date: _____

PART II. Gender, Ethnicity and Race Information

Gender

CHECK ONE:	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
	<input type="checkbox"/> I choose not to disclose this information

Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)
	<input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below)
	<input type="checkbox"/> I choose not to disclose this information

Race

<p>CHECK ONE: (Do not respond if you selected Hispanic or Latino above)</p>	<p><input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam</p> <p><input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races</p> <p><input type="checkbox"/> I choose not to disclose this information</p>
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PART III. Protected Veterans

<p>The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran</p>	
<p>Disabled Veteran</p>	<p>A “disabled veteran” is one of the following:</p> <p>A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.</p>
<p>Recently Separated Veteran</p>	<p>A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.</p>
<p>Active Duty Wartime or Campaign Badge Veteran</p>	<p>An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.</p>
<p>Armed Forces Service Medal Veteran</p>	<p>An “armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.</p>
<p>CHECK ONE:</p>	<p><input type="checkbox"/> I am a Protected Veteran</p> <p><input type="checkbox"/> I am not a Protected Veteran</p> <p><input type="checkbox"/> I choose not to disclose the information</p>

If you are a disabled veteran, you may choose to use the space below to tell us about:

- 1) Any special methods, skill, and procedures which qualify you for positions within Clearwing Productions so that you can be considered for any positions of that kind, and
- 2) We will make reasonable accommodations to qualified disabled veterans to ensure equal employment opportunity for all. If, because of your disability, you require a reasonable accommodation such as a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment, which would enable you to engage in the application process or perform the job properly and safely.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.



MOTOR VEHICLE REPORT (MVR) AUTHORIZATION FORM

I hereby state that:

1. I am an employee OR prospective employee of the company ("Company") designated below.
2. I authorize the said "Company" or its agent(s) to obtain my Motor Vehicle Report ("MVR") from the respective issuing state to be used for the following purposes:
 - a. By said "Company" to verify information relating to my license and qualifications to determine whether I should be employed to operate a commercial vehicle upon the public highways of said state.
 - b. By said "Company's" insurance carrier for underwriting purposes.
3. I understand that "Commercial Vehicle" means any vehicle for which the principal use is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.
4. I hereby certify that the "Company" has made all disclosures to me as required under Section 606 of the Federal Fair Credit Reporting Act, 15 USC § 1681d.
5. I have been advised, and hereby acknowledge and agree, that the "MVR" may be sent between the parties via facsimile or email, both of which are non-secure modes of transmission.
6. I further understand that no information contained in the "MVR" shall be divulged, sold, assigned, or otherwise transferred to any third person or party.
7. I understand that **this authorization form is valid for one year from the date of signing.**

EMPLOYEE OR PROSPECTIVE EMPLOYEE (*Print Full Name as shown on your Driver's License*)

STREET ADDRESS

DRIVER'S LICENSE #

CITY, STATE & ZIP CODE

DRIVER'S LICENSE STATE OF ISSUANCE

DATE OF BIRTH

DRIVER'S LICENSE EXPIRATION DATE

SOCIAL SECURITY #

EMPLOYEE OR PROSPECTIVE EMPLOYEE SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

"COMPANY" NAME
REPRESENTATIVE

NAME & TITLE OF AUTHORIZED

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DISCLOSURE/RELEASE/AUTHORIZATION FORM

- 1. By this document the Clearwing Group discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.
- 2. This shall authorize the procurement of a consumer report by a credit reporting agency or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for the named employer or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.
- 3. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, workers comp claims, mode of living, character and personal reputation. I also understand you may make use of the internet including social networking sites. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.
- 4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in the company's (or its designees) discretion, it has a legally permissible and legitimate business need for the information requested. I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize the employer and it's agent/credit reporting agency and all associated entities and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

CA, MN, OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from a consumer credit reporting agency or one of its associated companies. If we do so and you wish them to send you a free copy of this consumer credit report, please check here: _____.

My signature below also indicates that I have received a Summary of Rights in accordance with the Fair Credit Reporting Act.

Applicant's Signature _____

Print Name _____

Date _____ Other Names Used _____

Social Security Number _____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____

City/Town _____ State _____ Zip _____

Previous Address _____

City/Town _____ State _____ Zip _____

Para formación en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051