

Traveling Sales Crew Disclosure Statement

Authorization for this form is provided under Section 103.34(3), Wisconsin Statutes. Completion of this form is voluntary. However, to be registered with the Equal Rights Division (ERD) to employ traveling sales crew workers, you must submit a written document containing the information sought in this form. The provision of your social security number is mandatory under s. 103.34(3)(a)6, Wisconsin Statutes. Your social security number will be used for identification purposes. Personal information you provide may be used for secondary purposes (s. 15.04(1)(m), Wisconsin Statutes)

Traveling Sales Crew Employer
Name
Street Address
City, State, and Zip Code
Phone Number
Approximate Employment Start Date

Traveling Sales Crew Worker
Name
Street Address
City, State, and Zip Code
Telephone number and date of birth
Approximate Employment End Date

List location(s) where Traveling Sales Crew worker will be training and/or working: (BE SPECIFIC)

City	State
City	State
City	State

City	State
City	State
City	State

Attach additional page if necessary

Type(s) of work at which Traveling Sales Crew worker will be employed		
Will employment involve the storage, handling, transportation of or exposure to hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the materials:		
Rate(s) of compensation to be paid to worker (including commissions, bonuses, and contest awards)		
Frequency of pay periods: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify)		
State the manner (cash, check, etc.) in which the worker will be paid		
Number of days per week worker will work	Maximum hours per day worker will work	Maximum hours per week worker will work
Frequency of any required meetings		Rate of pay for required meetings
Provide detailed description of board and lodging provided by employer		Cost of lodging to worker, if any

Provide a description of transportation provided by employer
Does employer provide Worker's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the name and telephone number of Worker's Compensation Agent:
What provisions will be made to return the traveling sales crew worker to permanent place of residence if employment ends or the traveling sales crew worker is unable to work due to illness or injury?

An employer of a Traveling Sales Crew shall comply with the terms of the disclosure statement provided under Chapter 103.34 (5) Wis. Stats. An employer may change the terms of the disclosure statement, but no change is effective until a supplemental disclosure statement is signed by the employer and Traveling Sales Crew worker.

Traveling Sales Crew Worker Signature	Date Signed
Traveling Sales Crew Employer Signature	Date Signed

Mail your form to the following office:

State of Wisconsin
Department of Workforce Development
Equal Rights Division
 P O Box 8928
 Madison WI 53708
 Telephone: (608) 266-6860
 FAX: (608) 267-4592

TRAVELING SALES CREW APPLICATION CONSENT FOR CRIMINAL BACKGROUND CHECK

Why is a Criminal Background Check necessary?

The Department of Workforce Development (DWD) is charged with regulating traveling sales crews under Wis. Stat. § 103.34. The statute requires the department to investigate applicants for traveling sales crew certificates of registration to determine whether they are qualified under the statute. This includes a criminal history search by the department of justice of all proprietors, managing partners, managers, or principal officers of the applicant, and of all employees, agents, or representatives of the applicant who supervise or transport traveling sales crew workers. Further, the investigation also includes a search by the Department to determine whether any of these individuals has committed a violation of § 100.18 or § 100.195, of an order issued under § 100.20, or of a substantially similar federal law or law of another state.

The information you provide on this form will be retained in a **confidential** manner.

What do you need to do now?

Completed and signed forms may be returned

By fax to 608-267-4592

By email to erinfor@dwd.wisconsin.gov

By mail to Equal Rights Division, PO Box 8928; Madison WI 53708-8928

This form must be completed for you to continue to be considered for the certificate of registration

CONSENT FOR CRIMINAL BACKGROUND CHECK

Name (Last, First MI) Please Print	Date of Birth (Mon/Day/Yr)	Social Security Number
Street Address	City, State, Zip Code	
Former or Other Name(s) (if applicable)	Day Phone	Evening Phone

Have you lived outside of Wisconsin? Yes No If **YES**, provide place(s) of residence (State/Country) and time period(s)

Place(s) of residence outside of Wisconsin and time period(s). Attach additional pages if needed.

Do you have criminal charge(s) pending against you in Wisconsin? Yes No

Do you have criminal charge(s) pending against you outside of Wisconsin? Yes No

If **YES**, please specify the county and state or territory.

County and state or territory where criminal charge(s) is/are pending against you. Attach additional pages if needed.

Have you been convicted of any crime in Wisconsin, including in federal, state, local, military and tribal courts?

Yes No

Have you been convicted of any crime outside of Wisconsin, including in federal, state, local, military and tribal courts?

Yes No

If **YES**, please specify location.

County and state or territory where you were convicted of a crime. Attach additional pages if needed.

NOTICE: As a part of the Criminal Background Check the Department of Workforce Development may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness.

By my signature below I hereby authorize and consent to the State of Wisconsin's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the State of Wisconsin will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the State. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I state that all the information is true and complete to the best of my knowledge and I understand that any falsification or omission of information may disqualify me for this position. By signing this form, I authorize the Department to conduct a background check and verify the information provided above and to procure a consumer credit report if applicable.

Applicant Signature	Date Signed
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