

# Traveling Sales Crew Disclosure Statement

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].

Name of Traveling Sales Crew Employer:		Traveling Sales Crew Employer Street Address:	
Traveling Sales Crew Employer Phone Number:		Traveling Sales Crew Employer City, State and Zip Code	
Name of Traveling Sales Crew Worker:		Traveling Sales Crew Worker Street Address:	
Approximate Employment Start Date:		Traveling Sales Crew Worker City, State, Zip Code	
Approximate Employment End Date:		Traveling Sales Crew Worker telephone number and date of birth	

**List location(s) (city and state) where traveling sales crew worker will be training and/or working: BE SPECIFIC**

City	State	City	State
City	State	City	State
City	State		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"/> No <input type="checkbox"/> Yes If yes name 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:	Maximum hours per week:
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:	
Description of transportation provided by employer:		

Does employer provide Worker's Compensation?  No  Yes  
If Yes 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 offices:**

**State of Wisconsin  
Department of Workforce Development  
Equal Rights Division**

201 E. Washington Ave., Room A300  
P O Box 8928

Telephone: (608) 266-6860  
FAX: (608) 267-4592  
TTY: (608) 264-8752