



Prospective employees will receive consideration without regard to any status protected under applicable local, state, and/or federal law.

DRIVER'S APPLICATION FOR EMPLOYMENT

**M.A. Wolf Trucking, Inc.
Edward H. Wolf & Sons, Inc.
P.O. Box 348
Slinger, WI 53086**

(Answer all questions – please print clearly)

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years

Current Address:

Street _____ City _____ State _____ Phone _____ How Long? _____

Previous Addresses:

Street _____ City _____ State _____ Phone _____ How Long? _____

Street _____ City _____ State _____ Phone _____ How Long? _____

Street _____ City _____ State _____ Phone _____ How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason(s) you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carriers Safety Administration Regulations while employed by such employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carriers Safety Administration Regulations while employed by such employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carriers Safety Administration Regulations while employed by such employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carriers Safety Administration Regulations while employed by such employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carriers Safety Administration Regulations while employed by such employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
Were you subject to the Federal Motor Carriers Safety Administration Regulations while employed by such employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, SIDE IMPACT, ROLLOVER, ETC.)	FATALITIES	INJURIES
LAST INCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS, OTHER THAN PARKING VIOLATIONS. IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
(NAME) (CITY/STATE)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

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

IF THE ANSWER TO EITHER A OR B IS "YES", ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH, SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made after a conditional offer of employment has been extended). 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 understand, also, that I am required to abide by all rules and regulations of the Company.

_____ Date _____ Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
 (IF APPLICATION IS REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE).

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER

TRANSFERS

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____ _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____ _____
FROM: _____ TO: _____ DATE: _____	FROM: _____ TO: _____ DATE: _____

REASON FOR TRANSFER _____	REASON FOR TRANSFER _____
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TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize you to release the following information to _____ for purposes of investigation.

(prospective employer representative)

As required by Section 391.23 of the Federal Motor Carrier Safety Regulations, you are released from any and all liability which may result from furnishing such information.

(Date)

(Applicant's Signature)

Gentlemen:

The individual named below has made application to this company for a position as _____ and states that he/she was employed by you as _____ from _____ to _____. We appreciate your time in completing the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

(Representing Edward H. Wolf & Sons, Inc.)

Name of Applicant: _____ Social Security No. _____

1. Employed from _____ to _____ as _____ at wage or salary of _____.
2. Did he/she drive motor vehicle for you? _____ Straight Truck? _____ Tractor - Semitrailer? _____
Bus? _____ Other (Specify) _____
3. Was he/ she a safe and efficient driver? _____
4. Reason for leaving your employ: Discharged _____ Military Duty _____ Resignation _____ Lay Off _____
5. Was his/ her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years?

Background Report Disclosure and Authorization

In connection with your application for employment with E.H. Wolf & Sons, Inc. or M.A. Wolf Trucking, Inc., (hereafter referred to as "the Companies"), the Companies, their employees, agents or contractors may obtain one or more reports regarding your credit history, criminal history, social security verification, verification of your education or employment history, and other background checks, including, but not limited to, driving records and safety inspection history from the Federal Motor Carrier Safety Administration ("FMCSA").

If the Companies make a decision to not hire you or to take any other adverse employment decision regarding you based on the information obtained from a report subject to the Fair Credit Reporting Act, the Companies will provide you with a copy of the report upon which their decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Companies will notify you that the action has been taken and that the action was based in part or in whole on this report, and will provide you with the name, address, and the toll free telephone number of the reporting agency; that the reporting agency did not make the decision to take adverse action and is unable to provide you with the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the reporting agency the accuracy and completeness of any information or report.

The Companies cannot obtain background reports from a reporting agency unless you consent in writing. If you agree that the Companies may obtain such background reports, please read the following and sign below:

I authorize the Companies to conduct the background check described above, including but not limited to accessing the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Companies to make a determination regarding my suitability as an employee.

I further understand that neither the Companies nor the FMCSA contractor supplying the crash and safety information have the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <http://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

In addition to obtaining reports from one or more reporting agencies that are covered by the Fair Credit Reporting Act, I understand that the Companies may conduct their own background investigations, without using a reporting agency, and that such investigations are not subject to the Fair Credit Reporting Act. As a result, I acknowledge and understand that the Companies may take adverse employment action based on any such investigation and the Fair Credit Reporting Act procedures described above do not apply.

I have read the above notice regarding investigations and background reports, and I understand that if I sign this authorization form, the Companies may, in connection with my certification questionnaire, obtain background reports, including a report of my crash and inspection history, and conduct background investigations either internally or with the assistance of a third party, I hereby authorize the Companies and their employees, authorized agents, and/or affiliates to obtain the information and reports authorized above, and I agree not to file or pursue any complaints against the Companies, and/or any employees, representatives, or agents arising out of their respective efforts to obtain work-related information, driving history, or criminal background information about me.

Signature: _____ Print Name: _____ Date: _____

TO: _____

DEAR SIR/MADAM:

The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Motor Carrier Safety Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Motor Carrier Safety Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City) (State)

(Signature)