

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

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name First Middle			Date
	Street Address			Home Telephone ()
				Mobile Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available?
Other special training or skills (languages, machine operation, etc.)				

E D U C A T I O N	School	Name and Location of School	Course of Study	Dates Attended		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
				From	To		
	Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business / Trade Technical					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations
 (Exclude those which may disclose your race, color, religion, or national origin)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work:	Reason for leaving:

2	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work:	Reason for leaving:

3	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work:	Reason for leaving:

4	Company Name	Telephone ()
	Address	Employed – (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work:	Reason for leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT	
	Employer Number(s) _____ Reason(s) _____	

MILITARY	Did you serve in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes," in what branch?
Describe any training received relevant to the position for which you are applying: _____ _____		

<input type="checkbox"/> Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/>	What was your previous address?	How long at present address? _____ years
		How long at previous address? _____ years
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?	Are you 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.
<input type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.	
<input type="checkbox"/>	State names of family members, relatives, and friends working for us.	
<input type="checkbox"/>		
<input type="checkbox"/>		

S I G N A T U R E	<i>The information provided in this Application for Employment is true, correct, and complete. Any misstatement or omission of fact in this application may result in the denial or revocation of an offer of employment or the termination of employment.</i>
	<i>I understand that acceptance of an offer of employment creates no obligation on the employer to continue to employ me for any specific period of time.</i>
	_____ Date _____ Applicant Signature

IF THIS BOX IS CHECKED, PLEASE PROVIDE A PERSONAL/PROFESSIONAL REFERENCE LIST ON A SEPARATE SHEET

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T R E S U L T S	Test Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W R E S U L T S	Interviewer Name and Comments

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: _____