



EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE Today's Date: _____

First Name *MI* *Last Name* *Preferred Name/Nickname*

Street Address *Apt #* *City* *State* *Zip Code*

Home Phone *Alternate/Work Phone* *Email Address*

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full Time Part Time Temporary

What schedule would you prefer? Weekdays Weekends Evenings Nights

How did you hear about the position? Classified Ad Friend (Name) Radio Internet

Desired Pay: Hourly Pay \$ _____ Annual Pay \$ _____ \$ _____

(Minimum, if applicable) Minimum Desired

When are you able to start work? Date: _____

In what local area do you prefer to work? _____

Position desired: _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United States? Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Grey Wolf Transportation will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes No

If yes, can you furnish a work permit?

Yes No

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?

Yes No

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month Year	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month Year	TELEPHONE NUMBER ()	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY		REASON
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	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month Year	TELEPHONE NUMBER ()	TERMINATION ___ VOLUNTARY ___ INVOLUNTARY		REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

EDUCATION

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

1. Have you ever used another name? Yes No

2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work or educational records? Yes No
 - If yes to either of the above, please explain: _____

3. Have you ever worked for this company before? Yes No
 - If yes, please give dates and position: _____

4. Do you have friends and/or relatives working for this company? Yes No
 - If yes, name(s) and relationship(s): _____

5. If hired, would you have reasonable transportation to and from work? Yes No

6. Can you travel if the position requires it? Yes No

7. Can you relocate if the position requires it? Yes No

8. Has there been a time where you ever pled guilty or “no contest” to, or been convicted of a misdemeanor or felony? Yes No
 - If yes, please provide date(s) and details:

9. Have you been arrested for any matters for which you are currently out on bail or released on your own recognizance pending trial? Yes No
 - If yes, please give date(s) and details:

Note: answering “yes” to questions 8 or 9 does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered. Do not include minor traffic infractions, any convictions for which the record has been sealed or expunged, any convictions for which the conviction has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offences that occurred over two years ago in answering these questions.

This application for employment shall be considered for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether applications are being accepted at that time.

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the last 12 months.

(If you have had no violations, check the following box - None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.25
- Does not adequately meet satisfactory safe driving performance

Action taken with driver

Reviewed by: _____
Signature

Printed Name

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE

Motor Vehicle Driver's
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:**
Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

Background Check Authorization Form

Full Legal Name: _____ Social Security Number: _____

Former Name(s) and Dates Used: _____

Driver's License Number: _____ Issuing State: _____

Date of Birth (MM/DD/YYYY): _____ Telephone Number: _____

Address History	City	State	Zip	County	From/To

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Grey Wolf Transportation and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Grey Wolf Transportation or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Grey Wolf Transportation and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____
(print)

ID Number: _____

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(signature)

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to _____

(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1 of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e. information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Sections 300002(a)).

(Signature of Requester)

(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 Department of Transportation 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 Department of Transportation Regulations,
please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER: _____

ADDRESS:

(Number & Street) (City) (State) (Zipcode)

FORMER ADDRESS:

(Number & Street) (City) (State) (Zipcode)

DATE OF BIRTH: _____

SSN _____

LICENSE NO. _____

REQUESTED BY

(Name of Company)

(Typed Name)

(Address)

(Title)

(City)

(State)

(Zipcode)

(Signature)

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

THIS SECTION IS TO BE COMPLETED BY THE REQUESTER OF THE REPORT (COMPANY)

Company Name Grey Wolf Transportation LLC Contact Name HR
Phone 574-389-9195 Fax 574-830-5598
E-mail Address hr@mwlwarehouse.com

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, or status as an Advisor, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by TR Information Services P.O. Box 780254, Orlando, FL 32878; 800-894-9141; www.fullsearch.com, www.drivingrecord.net and/or from Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Applicant's Name _____

Address _____ City _____ St _____ Zip _____

Date of Birth _____ / _____ / _____ SSN ----- _____

Driving License Number _____ State of Issue _____

Applicant's Signature

DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE BACKGROUND REPORTS

The Employer, Grey Wolf Transportation LLC ("**Company**") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, supervisors, or associates. These reports may contain information regarding your motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report will be your employment history. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

The consumer and/or investigative consumer report(s) will be obtained from: TR Communications Inc D/B/A TR Information Services., P.O. Box 780254, Orlando, FL 32878 (800) 894-9141 TR Information Services privacy policy can be found at www.fullsearch.com and www.drivingrecord.net

Applicant's Name _____

Current Address _____

City _____ St _____ Zip _____

Applicant's Signature _____ Date _____

Company Name _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print name

Social Security number

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Grey Wolf Transportation, LLC (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its 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 Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you 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 FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Grey Wolf Transportation, LLC (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing 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 Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has 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 <https://dataqs.fmcsa.dot.gov>. If I challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of “employee” contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016



___ I hereby authorize the Company to thoroughly investigate my references, work record, educations and other matters relation to my suitability for employments and, further, authorize the prior employers and reference I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

___ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drug or alcohol in my system prior to employment and at anytime during my employment, to the extent permitted by law. I voluntarily submit to the drug and/or alcohol screening and understand that the presence of drugs or alcohol in my system may disqualify me from further consideration of employment with this company, or may result in termination of my employment with the Company.

___ I understand that any offer of employment may be contingent upon passing of a physical examination. I consent to the disclosure of the results of the physical examination and related tests to the Company. I understand that I should decline to sign this consent or take any of the above tests, my application for employment may be rejected. I understand that bonding may be a condition of hire, if it is, I will be so advised either before or after hiring and a bond application will have to be completed.

___ I understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that I should decline to sign this consent or take any of the above tests, my application for employment may be rejected.

___ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the company is committed to continuing the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by oral modifications.

___ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety health. I understand and agree to adhere to safety practices while performing my job.

___ I hereby certified that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omissions or misstatements of material facts on this application or any other documents used to secure employment shall be grounds for rejection of this applications or immediate discharge if I am employed, regardless of the time that has elapsed before discovery.

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED:

DATE: