



2931 Old US HWY 33 Elkhart, Indiana 46516 p. 574.389.9195 f. 574.296.7417

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

Grey Wolf Transportation is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Grey Wolf Transportation complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Grey Wolf Transportation also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.



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 ___ VOLUNTARY ___ INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

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FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
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	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.



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: _____



____ 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 inquiries 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: