

Application for Employment

Click [here](#) to send to info@wmoperating.com

Personal Information						
Last Name		First Name		Middle		
Mailing Address/Physical				City, State Zip		
Email Address				Phone:		
Are you over the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Number		Position Apply For		Desired Salary		
How many hours a week can you work?				Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No				Available to start date:		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain		
US Military Branch of Service	Rank	Entry Date / /	Discharge Date / /	Type of Discharge	Are you under notice to report to duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	If male 18-25, are you registered with Military Selective Service Act? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Chronologically list employment for the past 7 year beginning with the most recent. If self-employed, or unemployed, give name, address and phone number of reference who can verify activities during that period.

Current Employer			
Company	Position	From Month/Year	To Month/Year
Address		City, State Zip	Start Pay
Supervisor		Phone	Ending Pay
Job Duties			
Reason for leaving			
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(GVWR over 26,0001 to transport 16 + passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding)</small>			
Was your job designated a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employment History continued**Past Employer**

Company	Position	From Month/Year	To Month/Year
Address		City, State Zip	Start Pay
Supervisor		Phone:	Ending Pay

Job Duties

Reason for leaving:

Were you subject to the FMCSRs* while employed? Yes No(GVWR over 26,0001 to transport 16 + passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding)Was your job designated a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No**Past Employer**

Company	Position	From Month/Year	To Month/Year
Address		City, State Zip	Start Pay
Supervisor		Phone	Ending Pay

Job Duties

Reason for leaving

Were you subject to the FMCSRs while employed? Yes No(GVWR over 26,0001 to transport 16 + passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding)Was your job designated a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Yes No**Education History**

Type of School	Name of School	Location	# of yrs completed	Major/Degree
High School				
College				
Business/Trade				
Professional				

Driving History

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License #	State Issued
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CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Endorsements:
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Have you had any moving violations during the past three years? Yes No

Accident Record for past 3 years (If none, please write "NONE")

Accident Date	Nature of Accident	Fatalities	Injuries	Hazardous Spill

Traffic Convictions for past 3 years (other than parking) (If none, please write "NONE")

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

Has any license, permit or privilege been suspended or revoked? Yes No

If "Yes" to either question, please provide details:

Please list any driver's licenses or permits held in the past 3 years

State	License No	Class	Endorsement	Expiration Date

CDL Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Refer)	Date From Mo/Yr Date To Mo/Yr	Approx # of Miles
Straight Truck? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & 2 Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & 3 Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bus more than 8 pass <input type="checkbox"/> Yes <input type="checkbox"/> No			
Bus more than 15 pass <input type="checkbox"/> Yes <input type="checkbox"/> No			

Experience and Qualifications

Provide any trucking, transportation or other experience that may help you in your work for this company:

Provide any qualifications or training courses that relate to position applying for:

References

Please list 3 professional and 3 personal references. *The references you list must not be related to you, must know you well, and are aware that we will be contacting them.*

Name	Address	City, State Zip	Phone Number

This is not a valid application for employment unless signed below. By signing this application, I certify that all information is accurate and true to the best of my knowledge, I consent to authorization of contacting references provided, and I have read the statements below and agree to the terms and conditions therein:

Release of Information I hereby waive all provisions of law forbidding the release of any information, and I give my unqualified consent to the release of any and all information requested about my ability and fitness for employment agencies, and other individuals and organizations to investigators and authorized representatives of WMO in compliance with the Fair Credit Reporting Act.

Drug Free Workplace Act In accordance with the Drug Free Workplace Act, as a condition of employment, I hereby agree to submit to a pre-employment drug screening test and if hired, submit to random drug screenings at any time during my employment with WMO. I understand that my consent to participate in this program is considered a condition of potential employment and failure to submit to such a pre-employment drug screening will result in withdraw of my application of employment with WMO. I further understand that if hired, consent to drug testing is a condition of employment, and failure to cooperate or the result of a positive drug test will subject me to disciplinary action up to and including termination.

Employment at Will I understand that nothing herein shall be constructed as creating an obligation on the company to employ me for a particular length of time. If hired, my employment with WMO is at-will. Either party may terminate my employment with the company, with or without cause. I further understand that no representative of the company has the authority to make any representations to the contrary, either oral or written.

Americans with Disabilities Act Title I of the Americans with Disabilities Act requires that reasonable accommodation is provided for individuals with disabilities for the interview process. Applicants who need accommodations for an interview should request this in advance. I understand that any offer of employment by WMO may be conditioned upon the satisfactory outcome of a medical examination. In the event that I have a disability which may affect my ability to take a medical, performance or other employment related test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. WMO reserves the right to require medical documentation concerning the need for the accommodation.

Misrepresentations It is understood and agreed that any misrepresentation made by me will constitute a fraudulent attempt to secure employment and will be sufficient cause for cancellation of this application and/or separation from WMO or any of it subsidiary companies, if I have been employed.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize WMO to verify their accuracy and to obtain reference information on my work performance. I hereby release WMO from any/all liability of whatever kind and nature which at any time could result from obtaining and having an employment decision based on such information. I understand that should an offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment with WMO. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

Signature: _____

Date: _____