



P.O. Box 2353
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 Pinedale, WY 82941
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Application for Employment

PERSONAL INFORMATION

Name: _____ Date: _____

Last
First
Middle
Maiden

Current Address: _____

Street and/or PO Box
City
State
Zip

E-mail Address: _____ Phone Number: _____

Are you over the age of 18 years? YES NO Are you a US Citizen? YES NO

Social Security Number: _____ Position Applying For: _____

How many hours per week can you work? _____ Can you work nights? YES NO

Are you willing to travel? YES NO

Available Start Date: _____ Desired Salary? _____

Have you ever been convicted of a crime? YES NO

If yes, please explain: _____

U.S. Military Service Branch of Service	Rank	Entry Date	Discharge Date	Type of Discharge	Are you under notice to report for 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
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EMPLOYMENT HISTORY

Chronologically list employment for the past 7 years, 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. (Attach additional sheets if necessary).

May we contact your current employer? Yes No

Employer			
Company:	Position:	From MO. YR.	To MO. YR.
Address:		Starting Pay:	
City:	State:	Zip:	Ending Pay:
Contact/Supervisor:		Phone #:	
Job Duties:			
Reason for Leaving:			
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was your job designated as 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			

Employer			
Company:	Position:	From MO. YR.	To MO. YR.
Address:		Starting Pay:	
City:	State:	Zip:	Ending Pay:
Contact/Supervisor:		Phone #:	
Job Duties:			
Reason for Leaving:			
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was your job designated as 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

Employer				
Company:	Position:	From <small>MO. YR.</small>	To <small>MO. YR.</small>	
Address:		Starting Pay:		
City:	State:	Zip:	Ending Pay:	
Contact/Supervisor:		Phone #: - -		
Job Duties:				
Reason for Leaving:				
Were you subject to the FMCSRs* while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was your job designated as 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				

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION HISTORY

Type of School	Name of School	Location	# yrs. Completed	Major/Degree/GPA
High School				
College				
Business or Trade School				
Professional School				

DRIVING INFORMATION & HISTORY

Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO	Class:
Endorsements:	Driver's License #:	State Issued:

Accident record for the past three years (If more space is needed, attach additional sheet). If none, please verify.

Have you had any accidents during the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO	How many?
Have you had any moving violations during the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CDL applicants to complete portion below: All other applicants may leave the remainder of Driving Information & History blank.

Dates	Nature of Accident <small>(Head-on, Rear-end, Upset, Etc.)</small>	Fatalities	Injuries	Hazardous Material Spill
Last Accident:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Next Previous:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Next Previous:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Traffic convictions and forfeitures for the past 3 years (other than parking violations) If none, please verify.

Location	Date	Charge	Penalty

DRIVING INFORMATION & HISTORY CONTINUED

List all driver licenses or permits held in the past 3 years.

Driver Licenses	State	License #	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 yes to A and/or B, please provide explanation.

List states operated in for last 5 years:

Courses, training and qualifications which have provided enhancement to driving experience:

Equipment or technical experience relevant to position applying for:

REFERENCES

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

Name	Street Address	City, State, Zip	Contact Phone Numbers

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

Name	Street Address	City, State, Zip	Contact Phone Numbers

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 with White Mountain Operating (WMO) by employers, schools, law enforcement 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 & 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 its 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 employment offer be extended to me and accepted, that I will fully adhere to the policies, rules and regulations of employment of 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.

(Electronic entry of name & date will be considered equivalent of written signature).

Signature:	Date:
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