



H.O. Wolding, Inc.®
 9642 Western Way
 PO Box 217
 Amherst, WI 54406
 Phone: (800) 950-0054
 Fax: (715) 824-2942
 DOT #46811

Driver Application for Employment

YOUR SUCCESS DRIVES US!®

ANSWER ALL QUESTIONS – LEAVE NO BLANK SPACES – PRINT IN INK!

Read and carefully complete all portions of this application. PRINT answers - do not write - in your own handwriting, legibly and in ink, not pencil. If the answer to any question is, *NO* or *NONE*, write *NO* or *NONE*. **We will not process incomplete applications or those filled out incorrectly.**

PERSONAL INFORMATION *We consider qualified applicants without regard to age, race, religion, color, sex, developmental disability, physical condition, sexual orientation, national origin or any other area protected by federal, state and local laws. Your application will not be processed unless the CERTIFICATION, DISCLOSURE AND RELEASE AUTHORIZATION section of this form is signed and dated.*

Date of Application _____ Email _____

Legal Name _____

Date of Birth _____ (Last) _____ (First) _____ Social Security # _____ (Middle)

The U.S. Department of Transportation FMCSR 391.21 requires that driver applicants state their date of birth and social security number.

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact _____ Phone (_____) _____

Are you a U.S. citizen or a Resident Alien? Yes No Do you possess the legal right to work in the U.S.? Yes No

Applicants must be able to drive a commercial vehicle into and out of Canada and Mexico without restrictions.

SEVEN-YEAR ADDRESS HISTORY *If you need additional space, please use a separate sheet of paper and attach to application.*

Present Address _____
 (Street) (City) (County) (State) (Zip) (How Long)

Past Address _____
 (Street) (City) (County) (State) (Zip) (How Long)

Past Address _____
 (Street) (City) (County) (State) (Zip) (How Long)

Past Address _____
 (Street) (City) (County) (State) (Zip) (How Long)

List any other last name by which you have been known: _____ When? _____

WHERE DID YOU LEARN ABOUT H.O. WOLDING? *Write the source name on the corresponding line.*

School _____ Recruiter _____

H.O.W Recruiting Event _____ Driver Referral (list name) _____

Online Jobsite _____ Magazine Ad _____

Newspaper _____ Other (explain) _____

MOTOR VEHICLE LICENSE OR PERMIT *List ALL Drivers Licenses held, past & present.*

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE	CURRENT LICENSE
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Attending which Truck Driving School? _____
 City _____ State _____
 Phone _____ Graduation Date _____

Applying for Which Position: (check one)
 _____ Student _____ Experienced _____ Team

Driving Opportunities: (check one)
 _____ Regional _____ Other Extended Regional/National

Recruitment Department truck@wolding.com (800) 950-0054
 www.howolding.com ♦ www.facebook.com/howolding ♦ twitter.com/HOWolding

EMPLOYMENT RECORD

LIST PAST TEN YEARS *Begin with your present or most recent job and work backwards, in order, listing all employers for at least 10 years, including ALL full and part-time employment. All time must be accounted for including military service, school, self-employment and periods of unemployment. Use additional sheet, if necessary. Military periods must be accompanied by DD214. (Member 4 copy). You must complete ALL information: name, address and phone number. Explain any employment gaps in the ADDITIONAL COMMENTS box at the end of this section.*

<p>CURRENT EMPLOYER <i>Dates of Employment</i></p> <p>From: _____ (month, year)</p> <p>To: _____ (month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Miles Driven Weekly _____</p> <p>Company _____ Phone (_____) _____</p> <p>Address _____</p> <p>Street _____ City _____ State _____ Zip _____</p> <p>Position Held _____ Supervisor _____</p> <p>Rate of Pay _____ # States Driven in _____ # Accidents _____</p> <p>Reason for Leaving _____</p> <p><i>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p> <p><i>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p>
<p>SECOND LAST EMPLOYER <i>Dates of Employment:</i></p> <p>From: _____ (month, year)</p> <p>To: _____ (month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Miles Driven Weekly _____</p> <p>Company _____ Phone (_____) _____</p> <p>Address _____</p> <p>Street _____ City _____ State _____ Zip _____</p> <p>Position Held _____ Supervisor _____</p> <p>Rate of Pay _____ # States Driven in _____ # Accidents _____</p> <p>Reason for Leaving _____</p> <p><i>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p> <p><i>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p>
<p>THIRD LAST EMPLOYER <i>Dates of Employment:</i></p> <p>From: _____ (month, year)</p> <p>To: _____ (month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Miles Driven Weekly _____</p> <p>Company _____ Phone (_____) _____</p> <p>Address _____</p> <p>Street _____ City _____ State _____ Zip _____</p> <p>Position Held _____ Supervisor _____</p> <p>Rate of Pay _____ # States Driven in _____ # Accidents _____</p> <p>Reason for Leaving _____</p> <p><i>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p> <p><i>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p>
<p>FOURTH LAST EMPLOYER <i>Dates of Employment:</i></p> <p>From: _____ (month, year)</p> <p>To: _____ (month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Miles Driven Weekly _____</p> <p>Company _____ Phone (_____) _____</p> <p>Address _____</p> <p>Street _____ City _____ State _____ Zip _____</p> <p>Position Held _____ Supervisor _____</p> <p>Rate of Pay _____ # States Driven in _____ # Accidents _____</p> <p>Reason for Leaving _____</p> <p><i>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p> <p><i>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p>

FIFTH LAST EMPLOYER Dates of Employment: From: _____ (month, year) To: _____ (month, year)	Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Miles Driven Weekly _____ Company _____ Phone (_____) _____ Address _____ Street _____ City _____ State _____ Zip _____ Position Held _____ Supervisor _____ Rate of Pay _____ # States Driven in _____ # Accidents _____ Reason for Leaving _____ <i>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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SIXTH LAST EMPLOYER Dates of Employment: From: _____ (month, year) To: _____ (month, year)	Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Miles Driven Weekly _____ Company _____ Phone (_____) _____ Address _____ Street _____ City _____ State _____ Zip _____ Position Held _____ Supervisor _____ Rate of Pay _____ # States Driven in _____ # Accidents _____ Reason for Leaving _____ <i>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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SEVENTH LAST EMPLOYER Dates of Employment: From: _____ (month, year) To: _____ (month, year)	Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Miles Driven Weekly _____ Company _____ Phone (_____) _____ Address _____ Street _____ City _____ State _____ Zip _____ Position Held _____ Supervisor _____ Rate of Pay _____ # States Driven in _____ # Accidents _____ Reason for Leaving _____ <i>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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EIGHTH LAST EMPLOYER Dates of Employment: From: _____ (month, year) To: _____ (month, year)	Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Miles Driven Weekly _____ Company _____ Phone (_____) _____ Address _____ Street _____ City _____ State _____ Zip _____ Position Held _____ Supervisor _____ Rate of Pay _____ # States Driven in _____ # Accidents _____ Reason for Leaving _____ <i>Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by this employer/lessor?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL COMMENTS (If additional space is needed, please use a separate sheet of paper and attach to your application):

PLEASE ANSWER ALL QUESTIONS	
1. Do you possess a current medical examiner's certificate authorizing you to operate a motor vehicle? If no, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has your license, permit or privilege EVER been suspended or revoked? If yes, what dates (Month, Year) and list all:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you EVER been denied a license, permit or privilege to operate a motor vehicle? If yes, what dates (Month, Year) and list all:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you EVER been convicted of; or are any charges pending for; DUI, DWI, OWI or any alcohol-related moving violations? If yes, what dates (Month, Year) and list all:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you EVER been convicted of; or are any charges pending for; reckless driving, careless driving or careless operation of a motor vehicle? If yes, what dates (Month, Year) and list all:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you EVER been convicted; or are any charges pending for; driving while under the influence of alcohol, narcotic drugs, amphetamines or derivatives thereof? If yes, what dates (Month, Year) and list all:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you EVER been convicted; or are any charges pending for; possession, sale, or use of narcotic drugs, amphetamines, or derivatives thereof? If yes, what dates (Month, Year) and list all:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any criminal convictions that could prohibit your travel throughout the U.S., Canada and Mexico? MISDEMEANOR? If yes, what dates (Month, Year) and list all: _____ FELONY? If yes, what dates (Month, Year) and list all: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you physically capable of moving freight weighing up to 75 pounds per piece from floor level to shoulder level for a distance of no more than 53 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to any of the questions above, please explain (if necessary, continue on a separate piece of paper and attach to application): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

QUALIFICATION DRIVING RECORD (PLEASE ANSWER YES OR NO TO THE QUALIFICATION QUESTIONS BELOW): ATTACH A COPY OF YOUR LONG FORM DOT PHYSICAL	
1. Do you have more than one moving violation in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have more than three moving violations, including speeding tickets, in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has your license been suspended or revoked due to a moving violation in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Were you convicted of careless, reckless, or following too close in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Were you convicted of DWI, DUI, OWI or BAC in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had any preventable motor vehicle accidents in the last 5 years? If yes, provide a copy of the accident report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had any preventable accidents over \$4,500.00 in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have a Class A CDL in the state you reside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you able to pass a urine-sampled drug-screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you able to meet all applicable DOT regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATTACH A COPY OF YOUR LONG FORM DOT PHYSICAL TO THIS APPLICATION.	

EDUCATION/TRAINING	
1. Circle highest grade completed: High School: 9 10 11 12 GED College: 1 2 3 4	
<i>The questions BELOW are required by the Department of Transportation's Federal Motor Carrier Safety Regulations (391.2) of all applicants applying for a position as a driver of a commercial motor vehicle.</i>	
2. Are you an experienced tractor-trailer driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How many years/months experience? Years: _____ Months: _____ Miles: _____	
4. List trailer types with which you have experience: _____	
4. If you are inexperienced, have you ever attended a tractor-trailer training course? Please name the school, city and state where you took the course: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

MILITARY SERVICE RECORD	
1. Have you ever served in the U.S. armed forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
3. Dates of service from:	to:
4. Current duty status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Discharged	
5. Highest rank achieved _____ Rank at discharge _____ Type discharge _____	
(Please include a copy of your DD214 (Discharge Certificate) if military service occurred within the past 10 years)	

ACCIDENT RECORD - List all accidents involving any motor vehicle for the past 5 years regardless of fault (if none, write none). ATTACH A COPY OF ACCIDENT REPORT IF ACCIDENT OCCURRED IN THE LAST 5 YEARS.							
DATE (Mo/Year)	TYPE OF VEHICLE	NATURE OF ACCIDENT (Head-On, Rear-End, Upset, etc.)	WERE YOU AT FAULT	WERE YOU TICKETED	FATALITIES	INJURIES	\$\$\$\$ OF PROPERTY DAMAGE
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 - List all traffic convictions and fines for the past 5 years, other than parking violations (if none, write none). IF SPEEDING TICKET, LIST HOW MANY MPH OVER LIMIT.			
DATE	LOCATION (State)	VIOLATIONS	PENALTY

DRIVING EXPERIENCE - if none, write none.				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX. # OF MILES (Total)
		FROM	TO	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Your cooperation by providing the survey information below on a VOLUNTARY BASIS is greatly appreciated. The information obtained is kept strictly confidential and may be used only in accordance with provisions of applicable laws, executive orders, and regulations, including those that require the information to be reported to the federal government for civil rights enforcement. When reported, data will not identify a specific individual. This information helps H.O. Wolding, Inc. (H.O.W) comply with mandatory government recordkeeping and reporting requirements. Submission of this information is voluntary and is not required as a condition of employment, nor will it affect any decisions regarding your employment.

NAME (PLEASE PRINT) _____

DATE _____ APPLICANT SIGNATURE _____

RACE AND ETHNIC IDENTIFICATION (www.eeoc.gov) Race and ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. Definitions of the race and ethnicity categories are as follows:	
Hispanic or Latino: Person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.	<input type="checkbox"/> Yes <input type="checkbox"/> No
White (Not Hispanic or Latino): Person with origins in any of the original peoples of Europe, the Middle East or North Africa.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Black or African American (Not Hispanic or Latino): Person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): Person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asian (Not Hispanic or Latino): Person having origins in any of the original peoples of the Far Eastern, Southeast Asia or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.	<input type="checkbox"/> Yes <input type="checkbox"/> No
American Indian or Alaska Native (Not Hispanic or Latino): Person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.	<input type="checkbox"/> Yes <input type="checkbox"/> No



CERTIFICATION, DISCLOSURE AND RELEASE AUTHORIZATION

Carefully read and authorize with applicant signature. Please print name, sign and date below before faxing. If you have any questions regarding this form, please call H.O. Wolding, Inc. for clarification.

I understand, agree and authorize H.O. Wolding, Inc. (H.O.W), to procure reports regarding my Motor Vehicle Record, driving record, criminal background, credit history and/or past employment records; from any law enforcement agency, court of record, HireRight, Inc., third party/investigative consumer reporting agency and/or other sources H.O.W deems necessary for the consideration of my employment.

I understand, agree and authorize H.O.W to procure my safety performance information including crash data from the previous five years and inspection history from the previous three years from the Federal Motor Carrier's Safety Administration Pre-Employment Screening Program.

I understand, agree and authorize release of any information about my education, experience, abilities, work-related characteristics or traits; held or known by my former employers, supervisors, co-workers or by other organizations or individuals, including schools and educational institutions, professional or business associates and personal acquaintances that H.O.W might contact in conducting a reference check or background investigation to determine my suitability for employment.

I understand that if I have been employed by a DOT employer in the past three years, I have the following rights:

- The right to review information provided by previous employers and/or consumer reporting agency.
- The right to have errors in information corrected by the previous employer and/or consumer reporting agency and for that previous employer and/or consumer reporting agency to re-submit the corrected information to H.O.W.
- The right to submit a rebuttal statement attached to the alleged erroneous information if I do not agree with my previous employer and/or consumer-reporting agency on the accuracy of the information.

I understand that this application for employment will not be accepted as final until satisfactorily completing a medical examination including drug testing, driving skill exam, pre-work screening identifying I can safely perform essential job functions and personal/phone interview. The location of these exams and requirements shall be at H.O.W's sole discretion. I further agree to provide access to previous medical records, if required.

I understand and agree that, as a condition of employment with the H.O.W, I will be subject to the alcohol and controlled substances regulations as published in the Federal Motor Carrier Safety Regulations (FMCSR), parts 40 and 382. I further agree to submit urine and breath samples as necessary to comply with testing requirements of the regulations. I understand positive test results for controlled substances (including adulterated samples or refusals to test) or test results indicating Blood Alcohol Content (BAC) of .04 or greater will be grounds for refusal to hire or, if hired, immediate termination of my employment.

I understand that at any point in the future, whether I am actively employed by H.O.W or not, H.O.W may provide information concerning my employment and services with H.O.W to HireRight, Inc. and any party that requests such information. I agree that said information might be furnished on my behalf without any liability or damages to H.O.W. I understand my application may be transferred to an electronic filing system, and the original may not be retained.

I understand and agree that my submitting this application to H.O.W for employment in no way obligates H.O.W to offer me employment. I further understand that I have the right to terminate my employment at any time with or without notice, and H.O.W has the same right.

I hereby authorize, without liability, any person/organization whose name I provided as a reference, or by whom I was previously employed or contracted, to furnish H.O.W any information regarding my safety performance, all accidents, including those defined in 390.5 of FMCSR, all drug and alcohol testing violations, refusals or completed rehabilitations, character, habits, ability, financial responsibility, job performance or other work-related characteristics, reasons for leaving my employment/lease and all information concerning my employment/lease. I hereby release all such persons and organizations from any claims for damages of any kind, which may befall me by reasons of furnishing such information.

I attest that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. Any false, misleading or incomplete statement of the information requested in this application and any supplemental material submitted shall be sufficient grounds for disqualification of this application or termination from employment, if this application results in employment.

I attest I have read and understand the terms of this CERTIFICATION, DISCLOSURE AND RELEASE AUTHORIZATION by placing my name at the bottom of said document and hereby authorize H.O.W and its employees, agents, and affiliates to obtain the information authorized in this CERTIFICATION, DISCLOSURE AND RELEASE AUTHORIZATION document. If hired, this authorization form shall remain on file and serve as ongoing authorization for H.O. Wolding, Inc. to procure consumer reports anytime during my employment period.

Print Name

Social Security Number

Applicant's Signature

Date

H.O. Wolding, Inc.® (H.O.W), an Affirmative Action Equal Opportunity Employer (EOE), considers qualified applicants and employees without regard to race, color, religion, gender, sexual orientation, national origin, age, non-job related disability, marital status, status as a covered veteran or other basis prohibited by federal, state and local laws governing non-discrimination.

A photocopy of this authorization shall be recognized as valid.