



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

Application for Shop 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. **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 DISCLOSURE AND RELEASE AUTHORIZATION section of this form is signed and dated.***

Date of Application _____ Position Applying for _____

Legal Name _____
(Last) (First) (Middle)

Date of Birth _____ Social Security # _____

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

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

Emergency Contact _____ Phone (_____) _____

Email _____ 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 Type of Work Desired? Full-Time Part-Time

Have you ever applied for employment here previously? Yes No If yes, when? _____

May we contact your present employer? Yes No Are you willing to travel? Yes No Percentage? _____

Date you can start? _____ Desired starting salary? _____

FIVE-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)

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

School _____ Online Jobsite _____

Newspaper _____ Other (*explain*) _____

If a current H.O.W employee referred you, please list name _____

EDUCATION

TYPE	NAME & LOCATION	LIST YEARS ATTENDED	MAJOR	DEGREE
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
2-Year College				<input type="checkbox"/> Yes <input type="checkbox"/> No
4-Year College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical School				
Other (Describe)				
List any additional skills, courses, qualifications, certifications, experience or honors:				

EMPLOYMENT RECORD LIST PAST FIVE YEARS Begin with present or most recent job and work backwards, listing ALL full/part-time employers for the **past five years**. Account for ALL TIME including military service, school, self-employment and unemployment. Use extra 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 Employment Dates From: _____</p> <p>(month, year)</p> <p>To: _____</p> <p>(month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed</p> <p>Company _____ Phone (_____) _____</p> <p>Supervisor Name _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Address _____</p> <p style="text-align: center;">Street City State Zip</p> <p>Position Held _____ Rate of Pay _____</p> <p>Reason for Leaving _____</p> <p>Responsibilities _____</p>
<p>SECOND LAST EMPLOYER Employment Dates From: _____</p> <p>(month, year)</p> <p>To: _____</p> <p>(month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed</p> <p>Company _____ Phone (_____) _____</p> <p>Supervisor Name _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Address _____</p> <p style="text-align: center;">Street City State Zip</p> <p>Position Held _____ Rate of Pay _____</p> <p>Reason for Leaving _____</p> <p>Responsibilities _____</p>
<p>THIRD LAST EMPLOYER Employment Dates From: _____</p> <p>(month, year)</p> <p>To: _____</p> <p>(month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed</p> <p>Company _____ Phone (_____) _____</p> <p>Supervisor Name _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Address _____</p> <p style="text-align: center;">Street City State Zip</p> <p>Position Held _____ Rate of Pay _____</p> <p>Reason for Leaving _____</p> <p>Responsibilities _____</p>
<p>FOURTH LAST EMPLOYER Employment Dates From: _____</p> <p>(month, year)</p> <p>To: _____</p> <p>(month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed</p> <p>Company _____ Phone (_____) _____</p> <p>Supervisor Name _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Address _____</p> <p style="text-align: center;">Street City State Zip</p> <p>Position Held _____ Rate of Pay _____</p> <p>Reason for Leaving _____</p> <p>Responsibilities _____</p>
<p>FIFTH LAST EMPLOYER Employment Dates From: _____</p> <p>(month, year)</p> <p>To: _____</p> <p>(month, year)</p>	<p>Check one: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed</p> <p>Company _____ Phone (_____) _____</p> <p>Supervisor Name _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Address _____</p> <p style="text-align: center;">Street City State Zip</p> <p>Position Held _____ Rate of Pay _____</p> <p>Reason for Leaving _____</p> <p>Responsibilities _____</p>

TECHNICIAN EDUCATION/TRAINING	
1. Are you an experienced tractor-trailer technician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many years/months experience? Years: _____	Months: _____
3. List tractor/trailer types with which you have experience: _____	
4. List any certifications you have earned: _____	

PLEASE ANSWER ALL QUESTIONS	
1. Have you been convicted of anything other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you physically capable of moving freight weighing up to 100 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
4. Are you able to pass a urine-sampled drug-screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If applying for a technician position, can you work nights and weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have any job-related military training?	
8. Do you have any tools you own that you would use on the job site ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you possess basic computer skills and if applicable, how many words per minute can you type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you skilled with Microsoft Office Suite products?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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				

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)	

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

LIST THREE REFERENCES *(other than relatives)*

NAME	ADDRESS	PHONE	RELATIONSHIP

Any other comments: _____

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.

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

NAME (PLEASE PRINT) _____

DATE _____ APPLICANT SIGNATURE _____



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.

In connection with my application for employment with H.O. Wolding Inc., I understand that a consumer report which may contain public record information, may be requested from DAC Services, Tulsa, Oklahoma and/or other driving record sources. These reports may include the following information: names and dates of previous employers, reason for termination of employment, work experience, accident, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, and bankruptcy proceedings, criminal records, etc., from DAC concerning previous driving record requests made by others from such state agencies and state provided driving record.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC AND/OR OTHER DRIVING RECORD SOURCES TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC and or other driving sources, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC and/or other driving sources, has previously furnished with in the two-year period preceding my request. I hereby consent to H.O. Wolding, Inc. obtaining the above information from DAC, and I agree that such information, which DAC and/or other driving record sources have to obtain, and my employment history with H.O. Wolding Inc., if I am hired, will be supplied by DAC to other companies, which subscribe to DAC Services.

I hereby authorize procurement of consumer report(s). If hired, this authorization information shall remain on file and shall serve as an ongoing authorization for H.O. Wolding Inc. to procure consumer reports at any time during my employment period.

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 performance, character, habits, ability, financial responsibility, job performance or other work-related characteristics, reasons for leaving my employment/lease and all information concerning my employment. 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 understand and agree that this application for employment in no way obligates H.O. Wolding, Inc. to employ this applicant. I also understand and agree that if I am hired, I am required to comply with all company policies, State and Federal regulations as they may apply.

Furthermore, I understand and agree that if hired, it will be considered "At Will" and H.O. Wolding, Inc. may suspend or terminate my employment without reason or cause at any time.

I attest I have read and understand the terms of this 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 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.