



Transportation Division
PO Box 1967 Mount Airy, NC 27030

Phone: 336-789-0545
Fax: 336-783-9332

DRIVER'S Application for Employment

Notice: This application must be prepared in the handwriting of the person who is applying for a job. Answer all questions – print clearly.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____ Position(s) Applied For: East Coast West Coast

Name: _____ Social Security Number: _____
First Middle Last

Date of Birth: _____ Can you provide proof of age and do you have legal right to work in the United States? _____
Required for Commercial Drivers

Contact Information Home Phone: _____ Cell Phone: _____

List addresses of residency for the past 3 years – begin with your current address and mailing address if different:

Current Address _____ How Long? _____
Street City State & Zip Code

Mailing Address _____
Street City State & Zip Code

Previous Address _____ How Long? _____
Street City State & Zip Code

Previous Address _____ How Long? _____
Street City State & Zip Code

Previous Address _____ How Long? _____
Street City State & Zip Code

Have you worked for W.L.A., Inc. before? _____ Dates: From _____ to _____ Pay: _____

Position: _____ Reason for leaving: _____

Who referred you? _____ Pay rate expected: _____

In case of emergency, notify: _____ Relationship: _____

Current Address _____
Street City State & Zip Code

Home Phone: _____ Cell Phone: _____

PHYSICAL QUALIFICATIONS AND JOB DESCRIPTION

Job Title: Over the Road Commercial Vehicle Driver – position is safety-sensitive.

Drug and Alcohol Testing: W.L.A., Inc. is committed to have and maintain a workplace free of alcohol and controlled substances. Therefore, the offer of an assignment or an opportunity to continue assignment through W.L.A., Inc. depends upon the passing of a drug and/or alcohol test.

All applicants for positions that require driving a commercial motor vehicle (CMV) at any time will be required to undergo controlled substances and, at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment. Applicants will be asked to sign forms for release of information from previous employers in all cases where driving a CMV was one of your functions. Failure to sign will prevent W.L.A., Inc. from using you as a CMV driver.

Physical Qualifications: A driver must meet the physical qualifications set forth by the Federal Motor Carrier Safety Administration, qualifying for a one (1) or two (2) year medical certification. For more information, see §391.41 of the Federal Motor Carrier Safety Regulations.

Drivers for W.L.A., Inc. must be able to:

- Shift manual transmission and operate foot pedals.
- Enter and exit a commercial motor vehicle cab and trailer 8 to 10 times per day – cab floor is generally 36" to 66" above ground level
- Use various configurations of hand holds, steps, and grab rails to enter or exit the cab and/or trailer including twisting, squatting, crouching, and balancing

Noise Level: Loud noise

Environmental Exposure: Outdoor weather conditions, vibration, heat, and work in confined spaces

Qualification Requirements:

1. Two years verifiable experience, or graduation from an accredited truck driving school.
2. Currently have or be qualified to have hazardous materials endorsement.
3. Be able to handle and complete all necessary paperwork related to truck operations and freight movement accurately.
4. Must be able to represent the company and the trucking industry through responsible and safe driving.
5. Must be able to safely and legally operate a commercial motor vehicle.
6. Must have a current CDL as well as current DOT medical certificate from W.L.A., Inc.'s medical examiner.
7. Must meet all current insurance requirements.
8. Must have ability to read maps, road signs, and maintain logs.
9. Must have knowledge of DOT regulations governing safe driving, hours of service, inspections, and maintenance.
10. Must be available for aroundthe clock trips to accommodate freight movements, and must be able to be away from home for extended periods of time, including weekends.
11. Must be able to pass a drug and/or alcohol test as prescribed by the Department of Transportation in a safety-sensitive job.
12. Must have a working knowledge of vehicle safety and control systems.
13. Must be able to operate Omnitrac's electronic logging device.

Job Requirements:

1. Hook and unhook trailers from tractors.
2. Load and unload trailers with or without the assistance of dock workers, with or without mechanical freight handling equipment.
3. Ability to perform frequent lifting, pushing, and carrying of freight.
4. Inspect truck and trailers daily for defects and safe operating conditions before, during, and after trips; submit a report on the condition of the equipment at the end of the day or at the end of the tour of duty.
5. Check shipping papers to determine the nature of the load and to check for the presence of hazardous materials. If hazardous materials are present, check for proper preparation of shipping papers, check for match between shippers original shipping papers with the marking and labeling of freight packages and ascertain the vehicle is properly placarded.
6. Drive truck to designated destination as specified by the dispatcher, and be in compliance with all federal and state regulations pertaining to the legal operation of motor vehicles and hours of service.
7. Apply knowledge of commercial driving skills in maneuvering vehicle at varying speeds in difficult situations such as: heavy traffic, inclement weather conditions, and confined spaces (such as tight loading dock areas).
8. Ensure that all shipping documents required to move with shipments are available for inspection and that appropriate paperwork accompanies shipment when delivered.
9. Maintain records required for compliance with federal and state authorities including driver's daily logs, recording of fuel purchases, mileage records, and any other record required by federal and state authorities.
10. Perform all duties in accordance with company policies and procedures.
11. Report all accidents and near misses to Dispatch or Safety Director involving driver or company equipment.
12. Report all highway safety hazards en route. Promptly report any delays due to breakdowns, weather, traffic, or other emergencies relating to pick-up and delivery of cargo.
13. Other additional duties as assigned by department manager.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, explain if you wish. _____

_____ Initial here that you have read the Job Description and Physical Qualifications.

EMPLOYMENT RECORD FOR THE PAST 10 YEARS

All applicants must list all full and part-time employment including: military service, self-employment, and periods of unemployment during the preceding 10 years. Note: List employers in reverse order starting with the most recent. Use additional sheets if necessary.

Are you currently employed? _____ If not, how long since leaving last employment? _____

Current or Most Recent Employer		From (mm/dd/yyyy)	To (mm/dd/yyyy)
Address		Position Held	
City	ST	Zip Code	Salary/Wage
Contact Person		Phone Number	
Type of Equipment Operated	Reason for Leaving	Subject to FMSCRs <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

2 nd Prior Employer		From (mm/dd/yyyy)	To (mm/dd/yyyy)
Address		Position Held	
City	ST	Zip Code	Salary/Wage
Contact Person		Phone Number	
Type of Equipment Operated	Reason for Leaving	Subject to FMSCRs <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

3 rd Prior Employer		From (mm/dd/yyyy)	To (mm/dd/yyyy)
Address		Position Held	
City	ST	Zip Code	Salary/Wage
Contact Person		Phone Number	
Type of Equipment Operated	Reason for Leaving	Subject to FMSCRs <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

4 th Prior Employer		From (mm/dd/yyyy)	To (mm/dd/yyyy)
Address		Position Held	
City	ST	Zip Code	Salary/Wage
Contact Person		Phone Number	
Type of Equipment Operated	Reason for Leaving	Subject to FMSCRs <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

5 th Prior Employer		From (mm/dd/yyyy)	To (mm/dd/yyyy)
Address		Position Held	
City	ST	Zip Code	Salary/Wage
Contact Person		Phone Number	
Type of Equipment Operated	Reason for Leaving	Subject to FMSCRs <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No

6 th Prior Employer		From (mm/dd/yyyy)	To (mm/dd/yyyy)
Address		Position Held	
City	ST	Zip Code	Salary/Wage
Contact Person		Phone Number	
Type of Equipment Operated	Reason for Leaving	Subject to FMSCRs <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject to DOT drug/alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No



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PAST EMPLOYMENT VERIFICATION REQUEST

I, the undersigned, have applied for a safety-sensitive CMV driving position with W.L.A., Inc. I authorize you to release the information requested, including assessments of my past performance, safety related matters, and information concerning the results of any controlled substance and/or alcohol testing, or any refusal to test pursuant to Federal Motor Carrier Regulations, §382.413 and §391.23, while employed by you. You are released from any and all liability, which may result from the release of this information.

Applicant's Full Signature: _____ Date: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

Applicant's Name: _____ Social Security Number: _____

Previous Employer: _____ Phone: _____ Fax: _____

Address: _____
 Street City ST Zip Code

The applicant named above was employed by us: Yes No Position Held: _____

Did he/she drive a motor vehicle for you? Yes No If yes, what type? Tractor Trailer Straight Truck Bus

Van/Reefer Flatbed Cargo Tank Double/Triples Other, specify _____

Dates of Employment	
From (mm/dd/yyyy)	To (mm/dd/yyyy)

Company Driver Owner/Operator Other _____

Single Driver Team Driver Student

Over-the-Road Regional Local

Termination: Voluntary Forced

Job Performance: _____

Reason for leaving: _____

Eligible for Rehire: Yes No Upon Review If no, please explain: _____

Accidents: Complete the following for any accidents – provide as much detail as possible. If there is no safety performance history, check here .

Date	Location	Nature of Accident	DOT Reportable	Preventable/ Non-preventable	Injuries	Fatalities

Past Drug and Alcohol Test Results, Any Refusals to be Tested: The above named individual has advised us that he/she is/was employed or applied for employment for your company during the previous three (3) years. The Federal Motor Carrier Safety Regulations §382.413 requires W.L.A., Inc. to obtain from your company, and requires your company to provide us information concerning the above named applicant's past drug and/or alcohol test results and any refusal to be tested.

- Did the employee have alcohol tests with a result of 0.04 or higher? Y N
- Did the employee have verified positive drug tests? Y N
- Did the employee refuse to be tested? Y N
- Did the employee have other violations of DOT agency drug and alcohol testing regulations? Y N
- Did a previous employer report a drug and alcohol rule violation to you? Y N
- If you answered "yes" to any of the above items, did the employee complete a return-to-duty process? N/A Y N

Additional Comments – This information is held in strict confidence.

Signature _____

Date _____

Printed Name _____

Job Title _____

DRIVING CRITERIA

Driving safely is the most important aspect of any commercial motor vehicle operator's job. W.L.A., Inc. will not consider for hire any applicant whose driving record reflects any of the following unsafe driving behaviors.

- Two preventable or at-fault accidents within the past 36 months.
- A major violation (outlined below) within the last 36 months.
- More than three minor violations (outlined below) within the past 36 months.
- A combination of three or more major/minor violations and preventable or at-fault accidents within the past 36 months.

Major Violations

DUI (Driving under the influence of alcohol or any other controlled substance)	Committing homicide with a motor vehicle involved	Using a motor vehicle to elude an officer of the law
Falsifying a report to any official department	Speeding – 15 MPH or more over posted speed limit	Failing to stop, aid, and identify at the scene of an accident
DWI (Driving while intoxicated)	Committing a felony with a motor vehicle	Driving with a suspended or revoked driver license
Committing manslaughter with a motor vehicle	Hitting and Running (Hit and run)	Racing (Including drag racing)
Reckless Driving	Fraudulently using a driver license	

Minor Violations

Speeding – less than 15 MPH over posted speed limit	Any other moving violation not shown as a Major Violation	Improperly changing lanes
Following too closely	Failing to yield right-of-way	Traveling wrong way on a one-way street
Failing to stop at STOP sign	Improperly stopping on highway	Violating lane usage

Trainee Standards – In order to qualify under W.L.A., Inc.'s insurance carrier's "trainee" program, a driver must have and maintain:

- A clean driving record for a full year from date of employment.
- All requirements set forth by the insurance carrier and FMCSA after completion of the one year period.

A clean driving record is defined as:

- A record that contains no moving violations, accidents, or suspensions for any reason.

Violations of this policy during the first year involving a "trainee" driver may be grounds for termination of employment.

ACCIDENT HISTORY FOR PAST 7 YEARS – Attach sheet if more space is needed

Date	Nature of Accident (Head-on, Rear-end, Upset, etc...)	Number of Fatalities	Number of Injuries	Hazardous Materials Spill?	
				<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 7 YEARS – Other than parking violations

Date Convicted	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)

ANSWER THE FOLLOWING

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- Has any license, permit, or privilege ever been suspended or revoked? Yes No
- Have you ever been refused automobile liability insurance? Yes No
- Do you have a pending charge or past conviction for driving while intoxicated? Yes No
- Do you have a pending charge or past conviction for possession of a controlled substance? Yes No
- Do you have a pending charge or conviction for any misdemeanor or felony offense? Yes No
- Have you tested positive or refused to test on any pre-employment drug test, or have you tested .02 or greater or refused to test on any pre-employment alcohol test during the past THREE years? Yes No

If the answer to either question is "yes", give details. _____

FMCSR Part 40.25 (j) requires that an employer ask the prospective employee whether he/she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past THREE years.

DRIVER EXPERIENCE AND QUALIFICATIONS

Education

Last School Attended: _____

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12^{City, ST} College: 1 2 3 4

Truck Driving School Attended: _____

DRIVER LICENSES OR PERMITS HELD IN THE PAST 3 YEARS

Name _____
City, ST _____

State	License Number	Class	Endorsement(s)	Expiration Date

DRIVING EXPERIENCE – Check Yes or No

Class of Equipment	Type of Equipment (Van, Tank, Flat, Dump, Reefer)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor & Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor – Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tractor – Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Motorcoach – School Bus	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 8 passengers</small>			
Motorcoach – School Bus	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>More than 15 passengers</small>			

List states operated in for last five (5) years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom: _____

List any military service (give dates, Branch, Rank): _____

Show any other information that may help you in your work for this company: _____

REFERENCES

The persons listed below, neither of whom are related to me in any manner, can verify information in this application as well as be a personal character reference. I hereby authorize you (by my signature on this application) to contact the persons listed below to request information, and I hereby authorize the persons listed below to release information to W.L.A., Inc.

Name _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

Name _____ Telephone Number _____

Address _____

City _____ State _____ Zip Code _____

CONSUMER DISCLOSURE AND AUTHORIZATION FORM
Authorization of Background Investigation for Employment Purposes
To Be Read and Signed by Applicant

Disclosures

W.L.A., Inc. (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable).

HireRight, Inc. ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Investigative Consumer Report: W.L.A., Inc. (the "Company") may request an investigative consumer report about you from HireRight, Inc. ("HireRight"), a consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews, the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization: If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Summary of Rights under the Fair Credit Reporting Act: A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

HireRight Privacy Policy: Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

Applicant's Last Name _____ First _____ Middle _____

Applicant's Signature _____ Date _____

IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with W.L.A., Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize WLA, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date

Full Signature

Name (Please Print)

TO BE READ AND SIGNED BY APPLICANT

Statement of Probation

Introduction: The probation period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. The company uses this period to evaluate employees' capability, work habits, and overall performance.

General Policy: All new employees will be hired on a probation basis after their date of joining for six months. Any significant absence will automatically extend the probation period by the length of the absence. If the company determines that the designated probation period does not allow sufficient time to thoroughly evaluate the employee's performance, the probation period may be extended for a specified period. Upon satisfactory completion of the probation period, employees enter the "regular" employment classification.

Probation Performance: Prior to the completion of the six month probationary period, new employees will undergo performance appraisals to: provide feedback on performance, guidance on future direction, and to set selected specific objectives for the next performance appraisal period.

Acknowledgment of Application

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR §391.23 (d)(e). I understand that I have the right to:

- Review information provided by current/previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

By my signature hereon, I certify that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries into my personal, employment, financial, medial history, and other related matters as may be necessary in arriving at an employment decision. (Medical history investigations will be made only in accordance with current regulations.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and release information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of W.L.A., Inc.

Date

Full Signature

Name (Please Print)

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
To the extent not included in item 1 above: a. National banks, federal savings associations and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 d. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106 e. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416
Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357