



General Employment Application

Please provide: Copy of Drivers License and Social Security Card or Birth Certificate

Notice to the Applicant: We appreciate your interest in **Fifth Wheel Transportation, LLC (FWT)**. A clear understanding of your background and work history will assist us with your possible placement or future advancement in our organization. **FWT** is an equal opportunity employer, you will be considered for employment without regard to race, color, religion, sex, national origin, age, marital status or non-job related disabilities.

Please complete this application accurately and print legibly and answer ALL questions. If the answer to any question is "No" or "None", do not leave blank, write "No" or "None".

| | | |
|---|--|-----------------------------------|
| <u>Position Applied For:</u> _____ | <u>Type of Employment:</u> Full Time _____ Part Time _____ | Date of Application: _____ |
| <u>How referred to us:</u> _____ | | Date of Available: _____ |

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|--------------------------------------|-------------|--|--|
| Name: | | Date of Birth – Required for Commercial Drivers: | |
| Former Names, Alias, or Maiden Name: | | Social Security Number: | |
| Home Phone: | Cell Phone: | Email Address: | |

| | | | |
|-------------------------|-------------|---------------|--|
| Emergency Contact Name: | | Relationship: | |
| Home Phone: | Cell Phone: | Address: | |

| | | | |
|-------------------------------------|---------------|--------|-----------|
| Current & Three Previous Addresses: | City: | State: | Zip Code: |
| Previous Address: | City & State: | From: | To: |
| Previous Address: | City & State: | From: | To: |
| Previous Address: | City & State: | From: | To: |

Do you have any condition(s) that could affect your performance in this position? _____ Yes _____ No

If yes, please explain: _____

Have you ever worked for this company? _____ Yes _____ No

If yes, when? _____

Positions at FWT are safety sensitive; employment in one of these positions is conditional on the results of mandatory drug and alcohol testing as described in the company's drug and alcohol policy.

Are you willing to be tested for drug and/or alcohol before and while employed? _____ Yes _____ No

Do you have reliable transportation to and from work? _____ Yes _____ No

Are you a citizen of the United States? _____ Yes _____ No

If not, are you legally eligible to be employed in the USA? Please provide proof. _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied _____ Yes _____ No

Have you ever pleaded "guilty," "no contest" or been convicted of a crime? _____ Yes _____ No

If yes, please explain: _____



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Employment History: Give a complete record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years. List reasons for any gaps in employment over 3 months. Use separate sheet if necessary.

| | | |
|--|---------------|---------------------|
| Company: | Position: | Start Date: |
| Address: | Salary: | End Date: |
| Describe your duties: | | Reason for Leaving: |
| Contact Person: | Phone Number: | Fax Number: |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|---------------|---------------------|
| Company: | Position: | Start Date: |
| Address: | Salary: | End Date: |
| Describe your duties: | | Reason for Leaving: |
| Contact Person: | Phone Number: | Fax Number: |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|---------------|---------------------|
| Company: | Position: | Start Date: |
| Address: | Salary: | End Date: |
| Describe your duties: | | Reason for Leaving: |
| Contact Person: | Phone Number: | Fax Number: |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|---------------|---------------------|
| Company: | Position: | Start Date: |
| Address: | Salary: | End Date: |
| Describe your duties: | | Reason for Leaving: |
| Contact Person: | Phone Number: | Fax Number: |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |



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Education and Training:

| | | |
|---|--|----------------------|
| Name and Location of High School: | Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Technical School | Area of Study | Certificate Received |
| College or University | Area of Study | Diploma Received |
| <p>What certifications do you currently have? Check all that apply:</p> <p> <input type="checkbox"/> WHMIS <input type="checkbox"/> Hazmat <input type="checkbox"/> H2S <input type="checkbox"/> First Aid <input type="checkbox"/> GODI <input type="checkbox"/> OHC <input type="checkbox"/> PDIC <input type="checkbox"/> OHC <input type="checkbox"/> Other: _____ </p> | | |

| | |
|--|--|
| Do you currently have a CDL? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had a CDL? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you previously had a CDL, please provide details: | |

Please note any special skills or qualifications below along with any other comments:

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on or before the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____