

DRIVER'S APPLICATION FOR EMPLOYMENT

Wolfpack Transportation, LLC.
PO Box 2065
Elizabethtown, NC 28337

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.
(Answer all Questions- Please Print)

Position(s) Applied for _____ Date of Application _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

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

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

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

Have you worked for this company before? _____ Dates: From _____ To _____

Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

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 _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (Note: List employers in reverse order starting with the most recent order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
Company Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City:	State:	Zip:	
Contact Person:		Phone Number:	
		Reason For Leaving:	

EMPLOYER		DATE	
Company Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City:	State:	Zip:	
Contact Person:		Phone Number:	
		Reason For Leaving:	

EMPLOYER		DATE	
Company Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City:	State:	Zip:	
Contact Person:		Phone Number:	
		Reason For Leaving:	

EMPLOYER		DATE	
Company Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City:	State:	Zip:	
Contact Person:		Phone Number:	
		Reason For Leaving:	

EMPLOYER		DATE	
Company Name:		From: Mo. Yr.	To: Mo. Yr.
Address:		Position Held:	
City:	State:	Zip:	
Contact Person:		Phone Number:	
		Reason For Leaving:	

DRIVER LICENSES	STATE	LICENSE NO.	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 THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE If None, Write None

Class of Equipment	Type of Equipment (Van, Tank, Flat, ETC.)	DATES		APPROX. NO. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Motorcoach-School Bus				
Other				

List States Operated in For Last Five Years _____

Show Special Courses or Training that will help you as a driver: _____

Which Safe Driving Awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS- OTHER

Show any Trucking, Transportation or other experience that may help in your work for this company

List courses and training other than shown elsewhere in this application

List Special Equipment or Technical Materials you can work with (other than those already shown)

To Be Read and Signed By Applicant

This certifies 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.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing 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 the Company.

_____ Date

_____ Applicant's Signature

Process Record

Applicant Hired _____ Rejected _____
Date Employed _____ Point Employed _____
Department _____ Classification _____
(If rejected, Summary Report of Reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Criminal & Traffic Convictions						

Signature of interviewing Officer _____

TRANSFERS

From: _____ To: _____
Date: _____
Reason For Transfer _____

From: _____ To: _____
Date: _____
Reason For Transfer _____

From: _____ To: _____
Date: _____
Reason For Transfer _____

From: _____ To: _____
Date: _____
Reason For Transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____
Dismissed _____ Voluntarily Quit _____ Other _____
Termination Report Placed in File _____ Supervisor _____