

Wampa Ice Co., LLC
APPLICATION FOR EMPLOYMENT

(Answer all questions — please print, must be legible)

Position(s) Applied for: _____

Name _____ Social Security No. _____
Last First Middle

Email _____ Phone _____

List your address of residency for the past 3 years.

Current address _____
Street
_____ How Long? _____
City State & Zip code yr/mo

Previous Address _____ How Long? _____
Street City State & Zip code yr/mo

Previous Address _____ How Long? _____
Street City State & Zip code yr/mo

Do you have the legal right to work in the United States? YES ___ NO ___

Date of Birth ___/___/___ Can you provide proof of age? _____
MM DD YYYY

(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Date: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

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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?

YES ____ NO ____ If yes explain if you wish _____

Are you registered with the FMCSA Clearinghouse? YES ____ NO ____

If no, you must do so at: <https://clearinghouse.fmcsa.dot.gov/>

EXPERIENCE AND QUALIFICATIONS – DRIVER

Driver's licenses or permits held in the past 3 years

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	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, give details: _____

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EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List the complete mailing address to include street number, city, state, and zip code. Applicants to drive a commercial motor vehicle* in interstate commerce shall also provide an additional 3 years' information on those employers for whom the applicant operated such a vehicle. (Note: List employers in reverse order, starting with the most recent. Add another sheet if necessary.) Provide the following information along with a copy of your CDL front & back, and medical card.

PREVIOUS EMPLOYER		
EMPLOYER NAME		
STREET ADDRESS		
CITY	STATE	ZIP
CONTACT PERSON	PHONE	
EMAIL		
POSITION HELD	SALARY / WAGE	
FROM (MM / YYYY)	TO (MM / YYYY)	
REASON FOR LEAVING		
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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EMPLOYMENT HISTORY (CONTINUED)

PREVIOUS EMPLOYER		
EMPLOYER NAME		
STREET ADDRESS		
CITY	STATE	ZIP
CONTACT PERSON	PHONE	
EMAIL		
POSITION HELD	SALARY / WAGE	
FROM (MM / YYYY)	TO (MM / YYYY)	
REASON FOR LEAVING		
Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job subject to drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PREVIOUS EMPLOYER

EMPLOYER NAME

STREET ADDRESS

CITY

STATE

ZIP

CONTACT PERSON

PHONE

EMAIL

POSITION HELD

SALARY / WAGE

FROM (MM / YYYY)

TO (MM / YYYY)

REASON FOR LEAVING

Were you subject to the FMCSRs** while employed?

Yes No

Was your job subject to drug and alcohol testing requirements of 49 CFR Part 40?

Yes No

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*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more; (2) is designed or used to transport more than 8 passengers (including the driver); or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me (the applicant), and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature _____

Date _____

FMCSA Clearinghouse Queries & Full Background Driver Authorization

I understand that D & K Truck Compliance, LLC, an agent for Employers, Wampa Ice Co., LLC has my authorization to thoroughly investigate my background. I understand that the background report may include, but is not limited to, the following areas: MVR Motor Vehicle Report, Driver's License Verification, FMCSA PSP Records, Drug Screening Records, Pre-Employment Verification, Sexual Offender Lists, County Court Records and Identity Verification. If applicable and in accordance with DOT Regulation 49 CFR Part 391.23 and 49 CFR Part 40, I hereby authorize a release of my DOT Regulated Drug and Alcohol Testing Records by any previous employers to the requesting employer via MVRcheck.com or another consumer reporting agency. Furthermore, I provide consent to conduct a Full & limited query of the FMCSA Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I further understand that if I refuse to provide consent for Wampa Ice Co., LLC and/or D & K Truck Compliance, LLC to conduct a Full & limited query of the Clearinghouse, Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle. I confirm that I am registered with the FMCSA Clearinghouse and will grant D & K Truck Compliance, LLC permission to conduct a full query when receiving notification via email from the FMCSA Clearinghouse.

I hereby authorize D & K Truck Compliance, LLC, an agent of Wampa Ice Co., LLC, to make a thorough background investigation of all information given by me to the Company. This authorization shall remain on file for Wampa Ice Co., LLC for the duration of my employment and will serve as ongoing authorization for Wampa Ice Co., LLC and D & K Truck Compliance, LLC to procure my driving and background records at any time during my employment period. Reports are to be generated for employment, promotion, re-assignment, retention as an employee, or insurance underwriting. I understand that Wampa Ice Co., LLC may take adverse action affecting my employment, based on information in my background report. Upon written request, D & K Truck Compliance, LLC will supply a copy of the completed background report along with a copy of an individual's rights under the Fair Credit Reporting Act, and I also understand that I have the right to dispute the accuracy of my driving record with D & K Truck Compliance, LLC. A copy of this form is as valid as the original.

The following information is required for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name: _____

Applicant's Date of Birth: _____ Applicant's SSN : _____

Driver's License No: _____ State Issued: _____

Address (Current): _____

City: _____ State: _____ Zip _____

Company Requesting Report: _____ Company Location (State): _____

Applicant Signature: _____ Date: _____

MVR RELEASE CONSENT FORM

In conjunction with my employment at Wampa Ice Co., LLC and the FMCSA, I _____ consent to the release of my Motor Vehicle Records (MVR) to D & K Truck Compliance, LLC on behalf of Wampa Ice Co., LLC. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company. This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., "Federal Driver's Privacy Protection Act," and is intended to constitute "written consent" as required by this Act.

This certifies that this MVR release was completed by me (the applicant), and that all entries on it and information in it are true and complete to the best of my knowledge.

Have driver attach front and back of their CDL

Driver's License Number: _____ State: _____

Social Security # _____ Date Of Birth _____

Driver's Signature

Date _____