

EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
2. Print clearly: incomplete or illegible applications will NOT be processed. PLEASE NOT "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
3. Provide only requested information. Failure to do so may result in disqualification of your application.
4. Some packets may include an EEOC Self Identification Form. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____

LAST FIRST MI

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____

STREET

CITY STATE ZIP

PRIOR ADDRESS: _____

STREET

CITY STATE ZIP

AVAILABILITY

What date can you start? _____ What category would you prefer? Full Time Part Time Temporary Labor Pool
For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Shift Other _____
*Reasonable efforts will be made to accommodate sincerely held religious beliefs.

JOB-RELATED SKILLS

- Yes No Have you been given a job description or had the essential functions of the job explained to you?
 Yes No Do you understand these essential functions?
 Yes No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?

PROFESSIONAL LICENSES AND CERTIFICATIONS

- Yes No Are you licensed / certified for the job applied for?
Name of license / certifications: _____
License / Certification Number: _____ Issuing State: _____
 Yes No Has your license / certification ever been revoked or suspended?
If Yes, state the reason (s), date of revocation or suspension, and date of reinstatement: _____

REFERENCES Include only individuals familiar with your work availability. Do not include relatives or names of supervisors.

NAME	ADDRESS / PHONE	YEARS KNOWN / RELATIONSHIP
1.		
2.		
3.		

EDUCATION Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: _____

NAME	CITY / STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S.A., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working for this employer?	PHONE: ()
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact?	FAX: ()
_____	_____	_____	
COMPANY NAME	CITY	STATE	
FROM _____	TO _____	_____	
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	

DUTIES			

_____	PER _____	_____	
SALARY	(HOUR, WEEK, MONTH)	REASON FOR LEAVING	

SECOND MOST RECENT EMPLOYER			PHONE: ()
			FAX: ()
_____	_____	_____	
COMPANY NAME	CITY	STATE	
FROM _____	TO _____	_____	
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	

DUTIES			

_____	PER _____	_____	
SALARY	(HOUR, WEEK, MONTH)	REASON FOR LEAVING	

THIRD MOST RECENT EMPLOYER			PHONE: ()
			FAX: ()
_____	_____	_____	
COMPANY NAME	CITY	STATE	
FROM _____	TO _____	_____	
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	

DUTIES			

_____	PER _____	_____	
SALARY	(HOUR, WEEK, MONTH)	REASON FOR LEAVING	

FOURTH MOST RECENT EMPLOYER			PHONE: ()
			FAX: ()
_____	_____	_____	
COMPANY NAME	CITY	STATE	
FROM _____	TO _____	_____	
DATES EMPLOYED	JOB TITLE	SUPERVISOR NAME	

DUTIES			

_____	PER _____	_____	
SALARY	(HOUR, WEEK, MONTH)	REASON FOR LEAVING	

CRIMINAL HISTORY

Please note that a “Yes” answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? **Do not include convictions, which were sealed or expunged pursuant to a court order.**

NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts or Washington.

Yes No Please explain any “Yes” answer. Use additional paper if necessary

Are you currently awaiting trial for any criminal offense?

Yes No Please explain any “Yes” answer. Use additional paper if necessary

Have you ever initiated an act of violence in the workplace?

Yes No Please explain any “Yes” answer. Use additional paper if necessary

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

Connecticut Applicants: Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b – 146, 54 – 76o or 54 – 142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of a delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased and so may swear under oath.

District of Columbia Applicants: Do not identify any guilty plea that was discharged by the court under Georgia’s First Offender Act.

Hawaii Applicants: Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past ten (10) years.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer “no record” with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

New York Applicants: You may answer “no record” concerning any criminal proceeding that terminated in your favor, per section 160.50 of the New York Criminal Procedure Law; any criminal proceeding that terminated in a “youthful offender adjudication”, as defined in section 720.35 of the New York Criminal Procedure Law; a conviction for a “violation” that has already been sealed by the court, per section 160.55 of the New York Criminal Procedure Law.

Washington Applicants: Do not identify any conviction that is more than (10) years old at the time of making this application.

DRIVER'S LICENSE INFORMATION

- Yes No If the job requires, do you have the appropriate valid driver's license?
 Name on license _____ DL# _____ Type _____ State of Issue _____
- Yes No Have you had any moving violations within the last five years? Please describe:

Traffic Convictions and Forfeitures for the past 5 years (other than parking violations)			
State of Violation Location	Date (Month/Year)	Violation/Penalty	Type of Motor Vehicle Operated

APPLICANT NOTE This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. False or misleading statements during the interview or in this form may result in the refusal to hire or termination of employment. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. Smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

"Under Maryland law, an employer may not require or demand, as a condition of employment, prospective, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.00"

Maryland applicants please sign and acknowledge receipt of the above notice.

SIGNATURE	DATE
-----------	------

Massachusetts Applicants: "It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

Rhode Island Applicants: The Company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

PERMISSION TO WORK IN THE UNITED STATES

- Yes No Are you legally eligible to work in the United States?

Proof of employment eligibility will be required if hired

CERTIFICATION AND RELEASE I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. If such misrepresentations are made, I understand that I will be held responsible for reimbursing the company any and all costs associated with conducting pre-employment drug screenings, physicals, and background checks. I authorize the company and / or its agents, including consumer reporting bureaus, to verify any of this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE	DATE
-----------	------

DISCLOSURE AND RELEASE

In connection with my application for employment or contractual services with WCSC ACQUISITION CO LLC, I understand consumer reports, which may contain public record information, may be requested from First Advantage. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents and other information which might affect job performance. I further understand such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records and other information, which might affect job performance. This material will be derived from files in the possession of the federal government, and state governments or agencies, which maintain such files. Further, these records will include information from First Advantage regarding requests made by other companies for similar information.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY First Advantage, WCSC ACQUISITION CO LLC, OR TRC, INC. TO FURNISH THE ABOVE-MENTIONED INFORMATION. I hereby explicitly consent to WCSC ACQUISITION CO LLC and TRC, INC. obtaining the above information, holding both harmless.

I hereby authorize procurement of the above outlined consumer report(s). If hired or contracted, this authorization shall remain on file and serve as ongoing authorization for WCSC ACQUISITION CO LLC and TRC, INC. to procure similar consumer reports at any time during my employment or contractual service.

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 the information I provide on my application 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) and (e). I understand that I have the right to: 1) Review information provided by current/previous employers, 2) 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 3) 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."

I have the right to make a request to First Advantage, upon proper identification, regarding the nature and substance of all information in its files on me at the time of my request, including sources of information, and recipients of any reports on me, which First Advantage has previously furnished within the two-year period preceding my request. I also agree that such information First Advantage has or obtains, and my employment or contractual history with WCSC ACQUISITION CO LLC will be supplied by First Advantage to other companies, which subscribe to First Advantage.

PLEASE FILL OUT BELOW INFORMATION FOR:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CDL STATE: _____

CDL#: _____

DATE OF BIRTH: _____

SS#: _____

SIGNATURE: _____

PLEASE PROVIDE A COPY OF YOUR CURRENT:

*******CDL & MEDICAL CARD*******

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“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 _____ (“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: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015



MEDICAL QUESTIONNAIRE

This questionnaire may be used to identify a worker's physical ability to perform the job he or she has been conditionally hired for. **FALSE STATEMENTS MAY BE GROUNDS FOR DENIAL OF EMPLOYMENT AND / OR DISMISSAL OF EMPLOYMENT**

Please Print Clearly:

1. Name: _____

2. Address: _____

3. Date of Birth: _____

4. Social Security Number: _____

5. Have you ever suffered a work related injury? YES NO

If so, list dates and describe injury: _____

6. Have you ever filed OR received Worker's Compensation benefits? YES NO

If so, list dates and describe injury: _____

7. Have you ever suffered an illness other than at work, where you were off work or had to limit your activities for more than one week? YES NO

If so, list dates and describe: _____

8. Have you ever been in an automobile accident? YES NO

If so, list dates and describe: _____

9. Name of Family Physician: _____

10. Please check any of the following activities for which you have or had a restriction:

Lifting	Standing	Squatting	Carrying
Walking	Crawling	Sitting	Bending
Climbing	Other (Explain) _____		

11. Give a brief description of any checked: _____



FALSE STATEMENTS OR MISREPRESENTATIONS MADE ON THIS QUESTIONNAIRE MAY CAUSE FORFEITURE OF WORKER'S COMPENSATION BENEFITS UNDER THE PROVISIONS OF 52-1-28.3 OF 1991 WORKER'S COMPENSATION ACT. PROVIDED THE WORKER KNOWINGLY AND WILLFULLY CONCEALED INFORMATION OR MADE A FALSE REPRESENTATION OF HIS OR HER MEDICAL CONDITION.

The information listed above is true and correct to the best of my knowledge and I understand all of the questions listed above.

PLEASE MAKE SURE THE QUESTIONNAIRE IS FILLED OUT COMPLETELY BEFORE SIGNING

Employee Print Name

Date

Employee Signature

WCSC Representative Signature

Date



Drug-Free Workplace Policy

Winslow Crane Service Company strives to maintain a drug and alcohol free workplace. Winslow Crane Service Company has a zero tolerance policy and requires pre-employment and random testing at a minimum. The Company is required by its customers to supply random or pre-employment drug screening results.

The use or possession of alcoholic beverages, illegally obtained drugs, narcotics or other illegal substances by employees when on duty, on employer premises, or in a company vehicle or equipment is prohibited. Employees must not report for duty, be on employers premises, in a company vehicle, or equipment while under the influence of any alcoholic beverage, illegally obtained drugs, narcotics or illegal substances. Any employee showing signs which would constitute as reasonable suspicion of alcohol or any other of the above named prohibited drugs/substances during work is subject to immediate testing. Upon confirmation of a positive screening result employee will be immediately terminated and ineligible for re-hire.

- *Definition of Drug:* For the purposes of this policy the term "drug", wherever it appears in this policy statement, includes alcoholic beverages as well as inhalants, illegal drugs and/or illegal use of prescription drugs.
- *Consequences of Violating the Drug-Free Workplace Policy:* Employees who violate this policy will be terminated, even for a first offense. Violations also include refusal to consent to and comply with testing procedures as described in this policy.
- *Treatment Programs:* While we do not sponsor or endorse any specific drug treatment programs, such programs are available through public and private health care facilities in all areas in which we do business. When required by DOT, we will provide a list of qualified SAP's. Affected employees are encouraged to seek assistance for themselves and their dependents. Any employee who seeks treatment voluntarily and makes the employer aware of such treatment must also provide written evidence of completion by a health care provider or provider of health care services, or referral for treatment by a health care provider. Upon successful completion the employee will be reevaluated to determine the employee's and the company's responsibilities under applicable law to return to the current position regardless if the position is safety sensitive.
- *Education and Training Programs:* We do offer reasonable suspicion training program for our management team, field supervisors, and office personnel.
- *Drug Testing:* Due to the requirements of the Department of Transportation there are employees of Winslow Crane Service Company that are subject to drug testing as a condition of their employment. Other employees are routinely subject to drug testing; although Winslow Crane Service Company reserves the right to request any employee to submit to a drug test at any time. All employees are subject to a pre-employment, reasonable suspicion/cause, random, return-to-duty, follow-up, and post-accident drug and alcohol testing.

By signing below I hereby consent to and submit to a drug or alcohol test for analysis, as shall be determined by Winslow Crane Service Company in order to meet with their policy regarding a Drug-Free Workplace. I have carefully read and fully understand the contents of this policy. I also consent to the release of my results to specific customers for job related purposes.

EMPLOYEE'S NAME	EMPLOYEE'S SIGNATURE	DATE
WCSC REPRESENTATIVE NAME	WCSC REPRESENTATIVE SIGNATURE	DATE



NEW-HIRE ACKNOWLEDGEMENT & APPROVAL FORM

Branch: _____

I, _____, understand that all New-Hire forms and Phases of the New-Hire process must be complete, approved, and signed by Scott Wilson in order for the New-Hired employee to commence work. I understand that any employee commencing work prior to the completion of all paperwork and New-Hire Phases, will not receive pay for those hours worked.

New-Hire Signature

Date

I, Scott Wilson, have reviewed all of New-Hire paperwork and approve the above mentioned applicant to commence work on (Date): _____.

Signature

Date