

W.L.A., Inc.
Transportation Division
P.O. Box 1967
Mount Airy, North Carolina 27030

(336) 789-0545 (800) 525-7182
PERSONNEL (336) 783-9305 FAX (336) 783-9332

To all persons who wish to apply to **WLA Trucking Company**, Inc. for a job as a truck driver:

Many things, subjective and objective, are considered when arriving at a decision about hiring a person.

One of the objective, or real, things is a person's driving record in the case of hiring for a truck-driving job. Driving safely is the most important aspect of any commercial motor vehicle operator's job. The following are criteria that describe unsafe driving and unsafe driving behavior. Our company will not consider any applicant whose driving record reflects any of these criteria for hire.

Two preventable or at-fault accidents within the past 36 months.

A major violation within the last 36 months – (major violations are outlined below)

More than three minor violations and/or accidents (as above) or combination of three of the two above within the past 36 months.

MAJOR VIOLATIONS

DUI (Driving under the influence of alcohol or any other controlled substance)
DWI (Driving while intoxicated)
Speeding – 20 MPH or more over posted speed limit
Committing manslaughter with a motor vehicle
Reckless driving
Committing homicide with a motor vehicle involved
Hitting and running (Hit & Run)

Committing a felony with a motor vehicle
Racing (Including drag racing)
Fraudulently using a driver license
Falsifying a report to any official department
Using a motor vehicle to elude an officer of the law
Failing to stop, aid and identify at the scene of an accident
Driving with a suspended or revoked driver license

MINOR VIOLATIONS

Speeding – less than 15 MPH over posted speed limit
Following too closely
Failing to stop at STOP sign
Any other moving violation not shown as a Major Violation

Failing to yield right-of-way
Improperly stopping on highway
Violating lane usage
Improperly changing lanes
Traveling wrong way on a one-way street

TRAINEE STANDARDS

In order to qualify under WLA's insurance carrier's "trainee" program, a driver trainee must have and maintain a clean driving record for a full year from date of employment as well as maintaining requirements set forth by the insurance carrier and FMCSA after the 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 during the first year of employment which consists of the six month training period and a period of six months following the required training. Violations of this policy during the first year involving a "trainee" driver may be grounds for termination of employment.

By my signature hereon, I certify that I fully understand the above and that my driving record does not reflect such. I further and fully understand that if I become employed by WLA Trucking Co. and my driving record should deteriorate to the above criteria, I will be subject to disciplinary action up to and including probable termination of my employment.

Signature

Date

W.L.A. Trucking Co., Inc.

Statement of Probation, Job Description and Physical Requirements of Truck Drivers

If you are hired by **W.L.A. Trucking Company, Inc.** it is to be understood that such hire will be on a six (6) month probation status. During this probation period, your job qualities and job performance will be observed and evaluated and a determination will be made by Company Management whether or not to continue your employment.

Let it be stated here and let it be EMPHASIZED and it cannot be over emphasized that the most basic and most important element of a truck driver's job description is the safe operation of that truck in all places and circumstances.

There is a possibility that a truck driver will be required to be on duty 14 hours with 11 hours driving time during the 14 hours in a day in all types of weather, traffic and highway conditions.

Because the suspension systems of trucks are designed to carry heavy loads and they are, consequently, stiff, there are times when the ride in a truck is very rough, which subjects the driver to abnormal bouncing and jarring. This bouncing and jarring can cause substantial compression and stress on the spinal column and back muscles of the driver.

Some activities which drivers are frequently required to engage in are discussed below. Any driver who accepts employment with **WLA Trucking Company** must be able and willing to perform these activities.

It is oftentimes required that drivers participate in loading/unloading operations. This activity involves the lifting and carrying of objects. Truckloads of 40,000 to 45,000 pounds are frequently made up of packages/objects weighing as little as 5 to 10 pounds and as much as 90 to 100 pounds. Such activity requires considerable stooping, bending, lifting, and turning by the driver.

Sufficient strength and agility are required for the driver to climb into trailers and onto docks and for instances when he/she, for various reasons, must crawl under the equipment.

Dropping of and hooking up to trailers requires upper body strength to crank the trailer landing gear down to lift the weight off the fifth wheel and the fifth wheel plate when dropping a trailer and same such strength to crank the landing gear back up when hooking to a trailer.

In addition to the above requirements, our Federal Government prescribes very specific physical and mental requirements for truck drivers. A portion of these requirements, stated in simple terms, are listed below:

- Have eyesight of at least 20/40 and peripheral vision of at least 70 degrees in each eye*
- Have unrestricted use of hands, feet, arms and legs*
- Have no history of diabetes, which currently requires insulin for control
- Have no current clinical diagnosis of alcoholism
- Have no involvement in or use of illegal drugs or substances

*Waivers are possible in some cases

We occasionally haul hazardous materials – generally limited quantities. You must have the 'HM' endorsement on your CDL in order to qualify for employment with us.

While on the job for WLA Trucking Company, ALL employees are encouraged to maintain a neat, clean appearance. Always keep in mind – you do not represent just yourself or your company, you represent yourself AND your company.

I, _____, understand ALL of that which is stated above and I hereby certify that I can and will abide by them. (Date) _____

DRUG SCREEN RELEASE FORM

I, _____, understand that the offer of an assignment or an opportunity to continue on assignment through **W.L.A. Inc.**, may depend upon the passing of a drug test. Therefore, I agree to submit to a drug test for: (1) pre-employment; (2) probable cause/suspicion; (3) post accident; or (4) return to assignment, for the purposes of determining the presence of controlled/illegal substances such as: marijuana, cocaine, narcotics, amphetamines, barbiturates, opiates, alcohol, etc.

I understand that in the event my results are positive (show evidence of substances in the example above), I will be contacted by **W.L.A. Inc.'s** Medical Review Officer (MRO) for my assistance in gathering information about the substance.

I understand that refusal or failure to submit to such testing, falsification (or attempted falsification) of a test, or a positive finding on a test could result in my removal from employment or from consideration for employment. I also understand that, if hired, I will be an at-will employee and can be removed with or without cause at the option of the company. Likewise, I understand that I also am free to leave the company at will.

I further agree that I will not hold **W.L.A., Inc.** or the Medical Review Officer liable for any actions or findings associated with this drug screening test or claims and liabilities, which might arise as a result of the release of such information.

I authorize the Medical Review Officer of **W.L.A. Inc.** to analyze results and to furnish results to designated **W.L.A. Inc.** staff upon completion.

I also hereby authorize any hospital, attending physician, or diagnostic or health care facility to administer emergency or routine treatment, to perform diagnostic evaluations and/or routine examinations as requested and authorized by my employer, **W.L.A. Inc.** Such diagnostic evaluations and examinations shall include testing for alcohol, drug and/or controlled substance abuse.

The results of such treatments, evaluations and/or examinations shall be released to a company-designated representative, physician or insurance carrier upon request.

I also understand and agree that this authorization and release shall be irrevocable and remain valid even at any time or times when I would otherwise be unable to have the capacity to attempt revocation.

I have read and fully understand the terms of this form and sign it voluntarily knowing the full meaning and importance of it.

Applicant _____ Witness _____

Date _____ Date _____

ICC MC 196859

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DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that consumer reports, which may contain public record information, may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information – names and dates of previous employers and employment; reason for termination of employment; work experience; accidents; results of alcohol and illegal drug testing. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records as well as information from DAC concerning previous driving requests made by others from such agencies and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to make a request to DAC, upon production of proper identification, for the nature and substance of all information in it's files on me at the time of my request including the sources of information and the recipients of any reports on me which DAC has previously furnished within the two year period of my request. I hereby consent to your obtaining the above information from DAC and agree that such information that DAC obtains and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization will remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Applicant's printed name

Social Security Number

Applicant's signature

Date

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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 – please print)

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 _____

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 _____ 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

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? _____ Where? _____

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

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

In case of emergency, notify _____ at phone no. _____

Address _____

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 _____

ACCIDENT RECORD FOR PAST 7 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 7 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LAST SCHOOL ATTENDED _____
 (NAME) _____ (CITY)

"X" HIGHEST GRADE COMPLETED:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	HIGH SCHOOL:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	COLLEGE:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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TRUCK DRIVING SCHOOL ATTENDED _____ DATE COMPLETED _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

LIST ANY MILITARY SERVICE (GIVE DATES, BRANCH, RANK) _____

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 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 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 _____ 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 _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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PAST EMPLOYMENT VERIFICATION REQUEST

I, the undersigned, have applied for a truck driving position with W.L.A. Trucking, Inc., Mount Airy, NC. I authorize, as appropriate and request as appropriate, you to release the information requested including assessments of my past performance, safety related matters, and information concerning the results of any controlled substance or alcohol testing or any refusal to test pursuant to Federal Motor Carrier Regulations, Sections 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.

Date: _____ Applicant's Signature _____

NOTE TO APPLICANT: DO NOT WRITE BELOW THIS LINE

Applicant Name (print) _____ SS# _____

Employer _____ Phone(_____) _____ Fax(_____) _____

Address _____ City _____ State _____ Zip _____

Contact _____ Title _____

1. Dates of employment _____ Job Title: _____
2. Voluntary Termination Forced Termination
- Company Driver OTR Single Trailer Tractor Van/Reefer
- Owner Operator OTR Short Trips Team Straight Truck Flatbed
- Other _____ Local Student Other _____ Tanker

3. Reason for leaving? _____

4. Would you rehire? Yes No If no, why not? _____

5. Number of accidents? (Give as much detailed information as possible.)

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

PAST DRUG AND ALCOHOL TEST RESULTS

The above named individual has advised us that he/she worked for your company or that he/she applied to your company to work during the previous THREE (3) years. The Federal Motor Carrier Safety Regulations [FMSCR382.413 (a)(b)(c)(d)(e)(f)] require us to obtain from your company, and require your company to provide us information concerning the above named applicant's past drug and alcohol test results (including refusals to be tested).

1. Has this person tested positive for a controlled substance in the last THREE (3) years? Yes No
2. Has this person had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater in the last (3) years? Yes No
3. Has this person refused a required test for drugs in the last THREE (3) years? Yes No
4. Has this person violated other DOT drug/alcohol regulations? Yes No
5. Have you received information from a previous employer that this person violated DOT drug and alcohol regulations? Yes No

ADDITIONAL COMMENTS *This information is held in strict confidence.*

Signature of person releasing information/title

Date

ADDENDUM to W.L.A., Inc. Driver's Application for Employment

Have you ever had any type of motor vehicle license suspended or revoked, ever been denied a license, permit or privilege to operate a motor vehicle?.....Y N

Do you have a pending charge or past conviction for driving while intoxicated?.....Y N

Do you have a pending charge or past conviction for possession of a controlled substance?.....Y N

Have you ever been refused automobile liability insurance?.....Y N

Do you have a pending charge or conviction for any misdemeanor or felony offense?.....Y N

Applicant's statement regarding drug and alcohol testing:

Federal Motor Carrier Safety Regulations, Part 40.25(j) provide that an employer must ask the prospective employee whether he or 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. Therefore:

Have you tested positive, or refused to test, on any drug test **or**
Have you tested .02 or greater, or refused to test, on any alcohol test during the past three years.....Y N

Applicant's rights regarding investigative information:

Pursuant to 49CFR, Part 391.23(j), you have the following rights regarding your safety performance history:

You have the right to review information provided by previous employers (FMCSR 391.23(i)(2)) and

You have the right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer (FMCSR 391.23(j)(1)) and

You have the right to have a, your, rebuttal statement attached to the alleged erroneous information if you cannot agree on the accuracy of the information (FMCSR 392.23(j)(3)).

To be read and signed by Applicant:

This certifies 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, medical 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 releasing information in connection with my application. In the event of my being hired, I understand that false or misleading information given in my application or interview(s) may result in my being discharged. I understand, also, that I am required to abide by all company rules and regulations.

Applicant's signature

Date