

WIRELESS HORIZON, INC.

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to Race, Color, Religion, Sex, National Origin, Age, Martial Status, Veteran Status, the Presence of a Non-Job-Related Medical Condition or Handicap, or and other legally protected status.

PERSONAL INFORMATION

PLEASE PRINT

Name _____

Address: _____

Phone Number _____

Position Desired _____

Date Available _____

Salary Range Desired _____

Currently working? YES NO

If so may we contact your current employer? YES NO

Are you 18 years of age or older? YES NO

Are you familiar with USDOT commercial driving laws including hours of service logging? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

Have you ever applied for this company before? YES NO

When?

Have you been convicted of a felony within the last 7 years? YES NO
This will not necessarily disqualify you from employment.

If yes explain.

Drivers Licenses List all

State	License #	Type	Expiration Date

Driving Experience

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, Ect..)	Dates		Approx. No. Of Miles (Total)
		From	To	
Straight Truck				
Tractor And Semi-Trailer				
Tractor – Two Trailers				
Others				

Accident Record For The Past 3 Years Or More (attach sheet if more space needed)

Dates	Nature Of Accident (Head on, Rear end, Upset ect..)	Fatalities	Injuries
Last Accident			
Next Previous			

Traffic Convictions And Forfeitures For The Past 3 Years (other than parking violations)

Location	Date	Charge	Penalty

(attach sheet if more space needed)

Have you ever been denied a license, permit or privilege a motor vehicle?

YES NO

Has any license, permit or privilege ever been suspended or revoked?

YES NO

If Yes, explain:

EMPLOYMENT HISTORY

Month/ year	Name & address of employer	Initial position and duties	Previous Supervisor	Starting Pay	Reason for leaving
		Final position and duties	Telephone number	Ending Pay	
From:					
To:					
From:					
To:					
From:					
To:					

A. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRS) while employed by any of the previous employers? YES NO

B. Were any of the previous job positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

(If yes on either A or B , Attach Statement giving details)

EDUCATION

	High School	Undergraduate	Graduate
School Name/Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree?			
Describe Course Of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			

List Additional Experience or Special Skills You Possess:

PHYSICAL EXAMINATION AND DRUG TESTING REQUIREMENTS

New employees must have a physical examination at the time of employment.

Employment is conditional upon satisfactory results.

The examination includes laboratory tests, as well as a physical exam:

The main purposes of the exam are:

1. To determine whether there are any physical limitations that might interfere.
2. To detect job-related medical problems that might exist.
3. To ensure that all applicants in safety sensitive positions are free from illegal drug use.

In addition, governmental and health regulations may require employees in certain job classifications to have laboratory tests conducted annually, immediately following an accident, or if an employee's behavior shows impaired actions or judgment. These tests will be done at the Company's expense.

We may not be able to continue your employment if you fail to meet the medical standards established for your job classification. I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 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 employer.

Signature of Applicant

Date