

**WCC RESTORATION, LLC
AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

PRINT NAME IN FULL* _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NO. _____

*OTHER NAME(S), IF ANY, UNDER WHICH YOU HAVE WORKED OR ATTENDED SCHOOL: _____

POSITION APPLIED FOR: _____ YEARS EXPERIENCE _____ DATE AVAILABLE TO START WORK _____

EMPLOYMENT DESIRED: FULL TIME PART-TIME TEMPORARY LOCATION PREFERENCE, IF ANY _____

PERSONAL DATA

PRESENT ADDRESS _____ <small>(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)</small>	TELEPHONE NO. _____
	ALTERNATE TELEPHONE NO. _____
IF LESS THAN 3 CONSECUTIVE YEARS, LIST ALL PRIOR RESIDENCES WITHIN THE LAST 3 YEARS:	
ADDRESS _____ <small>(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)</small>	TELEPHONE NO. _____
ADDRESS _____ <small>(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)</small>	TELEPHONE NO. _____
ADDRESS _____ <small>(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)</small>	TELEPHONE NO. _____
ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="radio"/> NO <input type="radio"/>	
HAVE YOU BEEN CONVICTED OF A FELONY? YES <input type="radio"/> NO <input type="radio"/> (CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT.)	
IF SO, COMPLETE THE FOLLOWING:	
DATE(S) _____ OFFENSE(S) _____ PLACE(S) _____ DESCRIPTION(S) _____	
DATE(S) _____ OFFENSE(S) _____ PLACE(S) _____ DESCRIPTION(S) _____	

U. S. MILITARY SERVICE

BRANCH OF SERVICE: _____	HIGHEST RANK OR RATING: _____
WERE YOU DISHONORABLY DISCHARGED FOR REASONS OTHER THAN SEXUAL ORIENTATION? IF YES, EXPLAIN: _____	YES <input type="radio"/> NO <input type="radio"/>

EDUCATION

INSTITUTION(S)	NAME OF SCHOOL AND LOCATION	MAJOR FIELD OF STUDY	DEGREE AWARDED	TYPE OF DEGREE(S)
HIGH SCHOOL	NAME: _____ CITY AND STATE: _____		YES <input type="radio"/> NO <input type="radio"/>	DIPLOMA <input type="radio"/> GED <input type="radio"/> <small>IF GED, WHERE?</small>
COLLEGE	NAME: _____ CITY AND STATE: _____		YES <input type="radio"/> NO <input type="radio"/>	
	NAME: _____ CITY AND STATE: _____		YES <input type="radio"/> NO <input type="radio"/>	
PROFESSIONAL LICENSE(S), CERTIFICATION(S), SPECIALIZED MILITARY OR OTHER TRAINING	NAME(S): _____ CITY AND STATE: _____			

APPLICANT'S SIGNATURE _____

DATE _____

EXPERIENCE

HAVE YOU EVER BEEN EMPLOYED BY GILLETTE MAINTENANCE AND MORE OR WYOMING CORPORATE CLEANERS? YES NO
PLEASE LIST ALL PREVIOUS EMPLOYMENT AND BEGIN BY LISTING YOUR LAST OR PRESENT EMPLOYMENT FIRST. USE BACKSIDE OF THIS FORM IF ADDITIONAL ROOM IS REQUIRED.

1. EMPLOYMENT DATES: FROM _____ TO _____	(MO./YEAR) (MO./YEAR)	POSITION _____	REASON FOR LEAVING _____
COMPANY NAME _____	SUPERVISOR'S NAME _____	WAGE _____	OR _____
COMPLETE COMPANY ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
PHONE NUMBER _____	STATE DUTIES CLEARLY AND BRIEFLY _____		

2. EMPLOYMENT DATES: FROM _____ TO _____	(MO./YEAR) (MO./YEAR)	POSITION _____	REASON FOR LEAVING _____
COMPANY NAME _____	SUPERVISOR'S NAME _____	WAGE _____	OR _____
COMPLETE COMPANY ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
PHONE NUMBER _____	STATE DUTIES CLEARLY AND BRIEFLY _____		

3. EMPLOYMENT DATES: FROM _____ TO _____	(MO./YEAR) (MO./YEAR)	POSITION _____	REASON FOR LEAVING _____
COMPANY NAME _____	SUPERVISOR'S NAME _____	WAGE _____	OR _____
COMPLETE COMPANY ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
PHONE NUMBER _____	STATE DUTIES CLEARLY AND BRIEFLY _____		

ARE THERE ANY ADDITIONAL COMMENTS YOU WOULD CARE TO MAKE REGARDING YOUR EXPERIENCE OR SPECIAL SKILLS? _____

PLEASE LIST THREE (3) PROFESSIONAL REFERENCES:

NAME _____	RELATIONSHIP _____	COMPANY _____	PHONE _____
NAME _____	RELATIONSHIP _____	COMPANY _____	PHONE _____
NAME _____	RELATIONSHIP _____	COMPANY _____	PHONE _____

IN APPLYING FOR EMPLOYMENT, I UNDERSTAND WYOMING CORPORATE CLEANERS, LLC. RESERVES THE RIGHT TO CONTACT ALL PREVIOUS EMPLOYERS.

MAY WE ALSO CONTACT YOUR CURRENT EMPLOYER AT THIS TIME? YES NO

I UNDERSTAND THAT IF AN OFFER OF EMPLOYMENT IS MADE, WYOMING CORPORATE CLEANERS, LLC. RESERVES THE RIGHT TO CONTACT MY CURRENT EMPLOYER.

I AUTHORIZE ALL CORPORATIONS, COMPANIES, FORMER EMPLOYERS, ASSOCIATES, CREDIT AGENCIES, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, CITY, COUNTY, STATE, AND FEDERAL GOVERNMENTS, MILITARY SERVICES, CRIMINAL BACKGROUND AND ALL PARTIES INVOLVED TO RELEASE INFORMATION THEY MAY HAVE ABOUT ME TO THE COMPANY, OR ITS AGENT, WITH WHICH THIS FORM HAS BEEN FILED. IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION AND IN CONSIDERATION OF THE RELEASE OF INFORMATION, I RELEASE WYOMING CORPORATE CLEANERS, LLC. AND ALL PARTIES INVOLVED FROM ANY CLAIMED LIABILITY ARISING OUT OF SUCH LAWFUL RESPONSE AND DISCLOSURE. THIS AUTHORIZATION, IN ORIGINAL OR COPY FORM, SHALL BE VALID FOR THIS AND ANY FUTURE REPORTS OR UPDATES THAT MAY BE REQUESTED.

I HEREBY REPRESENT THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I FURTHER REPRESENT THAT SUCH ANSWERS AND INFORMATION CONSTITUTE A FULL AND COMPLETE DISCLOSURE OF MY KNOWLEDGE WITH RESPECT TO THE QUESTION OR SUBJECT TO WHICH THE ANSWER OR INFORMATION RELATES. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENT OR INFORMATION FURNISHED BY ME MAY CAUSE THE RESCINDING OF ANY OFFER OF EMPLOYMENT OR, IN THE EVENT I HAVE BEEN EMPLOYED BY WYOMING CORPORATE CLEANERS, LLC., MAY SUBJECT ME TO DISCHARGE.

I UNDERSTAND THAT ANY POSITION OFFERED BY WYOMING CORPORATE CLEANERS, LLC. IS CONTINGENT UPON ACHIEVING A NEGATIVE DRUG TEST RESULT AND WILL BE CONSIDERED AT-WILL, TERMINABLE BY WYOMING CORPORATE CLEANERS, LLC. OR MYSELF FOR ANY REASON NOT PROHIBITED BY APPLICABLE LAW.

APPLICANT'S SIGNATURE _____

DATE _____

DRIVERS

Notice: Substance & Alcohol Testing is required of applicant driver.

Initials _____

Name _____ Current Phone # _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Social Security Number _____

EXPERIENCE AND QUALIFICATIONS—DRIVERS

Type of driver's license _____
Class of driver's license _____
Endorsement _____

Drivers License _____
(State) (License Number) (Expiration Date)

Traffic Convictions and Forfeitures for the past three years (Other than Parking Violations)

In the last 3 years have you:

1. Had any license or permit suspended or revoked? Yes No
2. Entered into a diversion agreement on the charge of DUI? Yes No
3. Refused to take a blood or breath test to determine intoxication? Yes No

(If you answered "yes" to any of these questions, please provide explanation below.)

ACCIDENT RECORD FOR THE PAST THREE YEARS

	Date	Nature of the Accident (Head-on, Rear-end, Upset, etc.)	Fatality	Injury	Non-Injury
Last Accident	_____	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____	_____

General Information

Hobbies:

1. Are you physically able to carry and lift up to 50 pounds? Yes No

2. Have you had a prior injury that would prevent you from performing duties required by this company (i.e., carry, climb, drive, stand, push, pull, and stoop)? Yes No

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on 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. I hereby release employers, 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

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to **WCC RESTORATION, LLC**. for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature)

(Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

(Date)

DEAR SIR/MADAM:



The following named person has made application with our company for the position of **Driver**. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.



The following named person is employed with our company in the position of Driver/Operator. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

First

Middle

Last

DATE OF BIRTH _____

SSN _____

LICENSE NO. _____

LICENSING STATE _____

REQUESTED BY

WCC RESTROARTION, LLC
1941 Schoonover Street.
Gillette, WY 82718