

APPLICATION FOR EMPLOYMENT

BWC IS A EQUAL OPPORTUNITY EMPLOYER

BWC EXCAVATING LC. – BWC INDUSTRIAL SERVICES LLC. – WHITTERS INDUSTRIAL SERVICES LC.

1303 Hickory Hollow Rd – Solon, Iowa 52333
Phone (319)848-7513 / Fax (319) 848-8240

Applicant Name (Print): _____ Date of Application: _____

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, veteran status, non-job related disability, or any other protected group status.

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 conditional offer of employment has been extended) I hereby release employers, schools, healthcare 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 BWC Excavating LC., BWC Industrial Services LLC., and Whitters Industrial Services LC.

I understand that information I provide 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:

- Review information provided by previous employers;
- 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
- 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
- This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than one of the employer Partners, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

Applicant Signature

Date

FOR COMPANY USE ONLY

PROCESS RECORD

Applicant Hired: _____ Rejected: _____
Date Employed: _____ Point Employed: _____
Department: _____ Classification: _____

If rejected summary report or reasons need to be placed in file.

Interviewers Signature

Date

TERMINATION RECORD

Date Terminated: _____ Department Released From: _____
Dismissed__ Voluntarily Quit__ Other: _____
Termination report placed in file: _____ Supervisor: _____

**WHEN RETURNING YOUR APPLICATION PLEASE ATTACH A MOTOR VEHICLE REPORT TO IT.
THE MOTOR VEHICLE REPORT CAN BE OBTAINED AT THE DRIVERS LICENSE OFFICE
IF A MOTOR VEHICLE REPORT IS NOT ATTACHED THIS CAN DELAY YOUR INTERVIEW PROCESS.**

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| | | | | |
|---|--|------------------------------------|--|------------------------------------|
| Position(s) applying for: | | Part Time <input type="checkbox"/> | Full Time <input type="checkbox"/> | Temporary <input type="checkbox"/> |
| First Name: | | Middle: | Last: | |
| Current Address: | | | | |
| City: | | State: | | Zip |
| Previous Address: | | | City/ST/Zip: | |
| Previous Address: | | | City/ST/Zip | |
| Primary Contact # () | | | Cell Phone # | |
| Social Security Number: | | | | |
| Who referred you: | | | Rate of Pay Expected: \$ | Per: |
| Are you permitted to work in the U.S: | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you worked for this company before? Yes No | | | | |
| IF YES Where: | | Dates of Employment: | | Rate of Pay: \$ Per: |
| Reason for Leaving: | | | | |
| Do you have any relatives or friends currently employed with this company: Yes No | | | | |
| If Yes Who: | | | | |
| Have you ever been bonded: Yes <input type="checkbox"/> No <input type="checkbox"/> Name of bonding company: | | | | |
| Have you ever been convicted of a felony: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes explain fully on separate sheet of paper. <small>A conviction of a crime is not an automatic bar to employment, all circumstances will be reviewed and considered.</small> | | | | |
| Is there any reason you may be unable to perform the functions of the job for which you have applied for: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| If yes please explain: _____ | | | | |

Employment History

The US Department of transportation requires that drivers show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21(b)(10), (11)
START WITH MOST RECENT OR CURRENT POSITION, INCLUDING EXPERIENCE.

| 1 | EMPLOYER | DATE |
|---|---|-------------------------|
| | Name: | From MO. YR. To MO. YR. |
| | Address: | Position Held: |
| | City: State: Zip: | Salary/Wage: |
| | Contact Person: Title: | Phone: () |
| | Reason for leaving: | |
| | Where you subject to the FMCSRS while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| 2 | EMPLOYER | DATE |
|---|---|-------------------------|
| | Name: | From MO. YR. To MO. YR. |
| | Address: | Position Held: |
| | City: State: Zip: | Salary/Wage: |
| | Contact Person: Title: | Phone: () |
| | Reason for leaving: | |
| | Where you subject to the FMCSRS while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| Employment History Continued | | | |
|---|----------|--------------------|------------------|
| 3 | EMPLOYER | DATE | |
| Name: | | From MO. YR. | To MO. YR. |
| Address: | | Position Held: | |
| City: | State: | Zip: | Salary/Wage: |
| Contact Person: | Title: | | Phone: () |
| Reason for leaving: | | | |
| Where you subject to the FMCSRS while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 4 | EMPLOYER | DATE | |
| Name: | | From MO. YR. | To MO. YR. |
| Address: | | Position Held: | |
| City: | State: | Zip: | Salary/Wage: |
| Contact Person: | Title: | | Phone: () |
| Reason for leaving: | | | |
| Where you subject to the FMCSRS while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 5 | EMPLOYER | DATE | |
| Name: | | From MO. YR. | To MO. YR. |
| Address: | | Position Held: | |
| City: | State: | Zip: | Salary/Wage: |
| Contact Person: | Title: | | Phone: () |
| Reason for leaving: | | | |
| Where you subject to the FMCSRS while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6 | EMPLOYER | DATE | |
| Name: | | From MO. YR. | To MO. YR. |
| Address: | | Position Held: | |
| City: | State: | Zip: | Salary/Wage: |
| Contact Person: | Title: | | Phone: () |
| Reason for leaving: | | | |
| Where you subject to the FMCSRS while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR PART 40? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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| ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) – IF NONE WRITE NONE | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|------|-----------------|--------------|------------|----------|--------------------------|---------------------|------------|----|----|-----|---------|---|---|---|---|
| DATES | NATURE OF ACCIDENT <small>(Head-On, Rear-End, Upset, Etc.)</small> | | | | | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL | | | | | | | | | | |
| Last Accident: _____ | | | | | | | | | | | | | | | | | | |
| Next Previous: _____ | | | | | | | | | | | | | | | | | | |
| Next Previous: _____ | | | | | | | | | | | | | | | | | | |
| Next Previous: _____ | | | | | | | | | | | | | | | | | | |
| TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) – IF NONE WRITE NONE ATTACH A SHEET IF MORE SPACE IS NEEDED | | | | | | | | | | | | | | | | | | |
| LOCATION | DATE | CHARGE | | | | PENALTY | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| EXPERIENCE AND QUALIFICATIONS – DRIVER LIST ALL DRIVERS LICENSES HELD IN THE PAST THREE YEARS | | | | | | | | | | | | | | | | | | |
| DRIVERS LICENSES | STATE | LICENSE NUMBER | TYPE | EXPERATION DATE | ENDORSEMENTS | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| If yes please explain: _____ | | | | | | | | | | | | | | | | | | |
| Has any license, permit or privilege ever been suspended or revoked: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| If yes please explain: _____ | | | | | | | | | | | | | | | | | | |
| DRIVING EXPERIENCE | | | | | | | | | | | | | | | | | | |
| CLASS OF EQUIPMENT | | CIRCLE TYPE OF EQUIPMENT | | | | | DATES | | APPROX NO. OF MILES | | | | | | | | | |
| | Yes No | Van | Tank | Flat | Dump | Refer | FROM M/Y | TO M/Y | (TOTAL) | | | | | | | | | |
| Straight Truck | | | | | | | | | | | | | | | | | | |
| Tractor & Semi Trailer | | | | | | | | | | | | | | | | | | |
| Tractor – Two Trailers | | | | | | | | | | | | | | | | | | |
| Tractor – Three Trailers | | | | | | | | | | | | | | | | | | |
| Motorcoach – School Bus More Than 7 Passengers | | _____ | | | | | | | | | | | | | | | | |
| Motorcoach – School Bus More Than 15 Passengers | | _____ | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | | | | | | | | |
| Mark highest grade completed | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | GED | College | 1 | 2 | 3 | 4 |
| Last school attended: _____ | | | | | | | | | | | | | | | | | | |
| Address: _____ | | | | | | | | | | | | | | | | | | |
| City: _____ | | | | | State: _____ | | | | | Zip: _____ | | | | | | | | |

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| LIST ANY SPECIAL COURSES THAT WILL HELP YOU AS A DRIVER OR FOR THE POSITION APPLYING FOR | | | | |
|--|---------------------|---------|------------------|-------------|
| COURSE | DATE | | | |
| | | | | |
| | | | | |
| | | | | |
| LIST ANY AWARDS HELD AND WHO PRESENTED BY | | | | |
| AWARDS | PRESENTED BY | | | |
| | | | | |
| | | | | |
| | | | | |
| LIST ANY OTHER QUALIFICATIONS OR TRAINING NOT SHOWN ELSEWHERE ON THIS APPLICATION | | | | |
| | | | | |
| | | | | |
| | | | | |
| PLATFORM EXPERIENCE AND QUALIFICATIONS – IF NONE WRITE NONE (I.E. LIFT TRUCK ETC.) | | | | |
| TYPES OF PLATFORM | YEARS OF EXPERIENCE | USE | TRAINING COURSES | |
| | | | | |
| | | | | |
| | | | | |
| REFERANCES – PLEASE PROVIDE THREE WORK REFERANCES AND TWO NON-WORK REFERANCES | | | | |
| | NAME | ADDRESS | PHONE | YEARS KNOWN |
| 1 | | | () | |
| 2 | | | () | |
| 3 | | | () | |
| 4 | | | () | |
| 5 | | | () | |

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(b)(2)(A) 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 I, OF PULBLIC LAW 104-208), YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR PREVIOUS EMPLOYMENT, PREVIOUS DRUG AND ALCOHOL TEST RESULTS, AND YOUR DRIVING RECORD MAY BE OBTAINED ON YOU FOR EMPLOYMENT PURPOSES. THESE REPORTS ARE REQUIRED BY SECTIONS 382.413, 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I also understand that Bill Whitters Construction conducts pre-employment drug screens and physicals.

Signature

Date: