



ACKNOWLEDGMENT FORM

Orientation Handbook

I have received and read the Driver Orientation Handbook. I understand that the information in it is important to my success as a professional driver in my new position. I am expected to follow the policies presented, and will be held responsible for the proper performance of my duties.

Driver's Receipt of FMCSR Pocketbook

I have received the issue of the FMCSR Pocketbook that includes all revisions issued on or before April 10, 2010. I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (7-ORS-A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the US Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained there in.

Driver Fuel Purchase Policy

Drivers are WVT's frontline in controlling our costs. We need you to follow these simple guidelines when fueling your unit.

1. Always fill at Schilli bulk fuel stops whenever you are at or within 10 miles of a stop: Shoals, Sperry or Remington.
2. Always top off your fuel when at a bulk location.
3. When you cannot fill at a bulk stop use the fuel directory to obtain the approved fuel stop that minimizes off route miles.
4. Ask your terminal manager or supervisor to assist you in planning the best possible fueling location.
5. Failure to follow this policy will effect my pay.

Diver Signature: _____

Printed Name: _____

Date: _____



CONDITIONAL OFFER OF EMPLOYMENT

A conditional offer of employment is made to _____ for the position of Driver. The offer is conditional upon successfully passing the DOT physical examination with a company medical professional, the DOT pre-employment drug screen, the company road test, and completion of required new driver orientation. I have received a copy of the Federal Motor Carrier Safety Regulations which contains the Physical Qualification Requirements.

Applicant Signature: _____

Date: _____

Training Coordinator Signature: _____

Date: _____



REIMBURSEMENT AGREEMENT

I understand and agree that a substantial amount of expenses (ie: travel, food, room, physical, drug test, etc...) have been incurred as part of my orientation. In the event of my separation from Wabash Valley Transportation, Inc. I agree to reimburse the company for expenses as stated below.

1. I agree to reimburse and authorize WVT to deduct \$250 from my settlements if my separation occurs 30 days or less following my orientation. If my separation occurs less than 91days but greater than 30 days I will reimburse \$160 of the costs.
2. I agree that as a professional diver that I will not use any illegal drugs or alcohol at any time while working in or on a commercial motor vehicle. In the event that of any failed drug screen or blood alcohol test in which I am chosen to participate I agree & authorize WVT to deduct \$75 from my settlements in the event that a positive result is obtained and confirmed.
3. At my orientation, I received a camera to be used for photographing accident scenes and/or load shift, cargo overages/shortages, and any other damages effecting equipment or cargo. In the event that the camera is used a replacement camera will be issued and this document will apply to all cameras issued. I acknowledge that the camera is the property of the company and is for company use only. All cameras must be returned in the event of separation from WVT. I authorize the company to deduct \$3 from my settlements for each company camera that is issued and not returned.
4. I have received a copy of the company handbook and 3-ring binder at my orientation. I acknowledge that the handbook and binder are property of the company and are for company use only. In the event of my separation from the company these must both be returned. If not returned I authorize the company to deduct \$20 from my settlements

WAGE ADVANCE NOTICE

Wabash Valley Transportation recognizes that CDL holders often incur both business and personal expenses while on the road and often take wage advances to cover their expenses. Wabash Valley Transportation has therefore issued this notice, which is designed to explain its policy on wage advances given to cover those expenses and to provide for the recovery of such expenses by Wabash Valley Transportation that are not substantiated as a business expense by a receipt or other acceptable documentation.

In order to receive a wage advance, CDL holders must request the wage in advance. Any amount advanced that is not used as an allowable business expense and for which a receipt or other acceptable documentation is not provided will be recovered as a wage advance from the CDL holder's paycheck. The amounts will be recovered at Wabash Valley Transportation's option from either the CDL holder's next paycheck or the paycheck immediately following the pay period in which the CDL hold turns in required paperwork associated with the trip in which the business expenses were incurred.

Some examples of acceptable documentation are as follows: Bills of Lading, delivery receipts, driver logs, fuel receipts.

If you have any questions about this policy or about Wabash Valley Transportation recovery of wage advances, please contact the Human Resources Director.

Driver Signature: _____

Printed Name: _____

Date: _____



This agreement, made and entered into by Wabash Valley Transportation, Inc., a corporation admitted to do business in Indiana with its principle place of business located at 2500 CR 475 E, Lafayette, IN 47905, and _____(employee), an individual whose residence or mailing address is located at _____(employee address), evidences the following recitals and agreement.

RECITALS

Employer is in the business of hiring qualified employees to perform various tasks in Indiana, as well as other states, in the trucking business.

Employee desires to work in Indiana, as well as other states, in the trucking business for the employer.

Now, therefore, in consideration of the foregoing and the mutual covenants set forth below, the parties agree as follows.

AGREEMENT

1. The Employee recognizes and agrees that a portion of the work the Employee is being hired to perform is to be performed in Indiana.
2. The laws of the State of Indiana, including the Indiana Workers Compensation Act and its benefits, shall apply to the settlement of any claim arising out of any job related to death, injury, or illness to the Employee.
3. The Employee voluntarily elects and agrees to this method of settlement regardless of his/her state of residence or regardless of the state or country in which the accident may occur.
4. The Employee voluntarily consents to the filing of this agreement with the appropriate state agency, which handles the administration of Workers Compensation claims for that particular state.
5. If any provisions of this Agreement are found to be null and void or unenforceable, all other provisions of this Agreement shall remain in full force and effect.

Signed this _____ day of _____, 20__, at Remington, IN

EMPLOYEE

Printed Name: _____

Signature: _____

Date: _____

WABASH VALLEY TRANSPORTATION

Printed Name: _____

Signature: _____

Date: _____



PERSONAL FACT SHEET

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Social Security Number: _____ Wedding Anniversary: _____

Spouse Name (If Applicable): _____ Spouse Birthdate: _____

Spouse Work Phone: (____) _____ Parent Phone: (____) _____

Emergency Contact (other than spouse or home): _____

Emergency Contact Address: _____

Emergency Contact Phone: (____) _____

Adult Child Name: _____ Phone: (____) _____

NAMES OF CHILDREN AND OTHER DEPENDENTS

Name (First & Last)	Relationship	Birth date

DRIVER'S LICENSE INFORMATION

License Number: _____ State: _____

Expiration Date: _____ CDL: Yes No HazMat Endorsement: Yes No

Other Endorsements: _____

Specials Hobbies or Interests: _____

Signature: _____

Date: _____

(for office use only) E/C _____



DRIVER APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Date of Application: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protect group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, 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.

- I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) & (e). I understand that I have the right to:
 - Review information provided by my 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 pervious employer and I cannot agree on the accuracy of the information.

Signature: _____ Date: _____

FOR COMPANY USE

PROCESS RECORD

Applicant: Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Released From: _____

Dismissed Voluntarily Quit Other _____

Termination Report Placed in File

Supervisor _____

APPLICANT TO COMPLETE

Position(s) Applied for: _____

Name: _____ SSN: _____
(Last) (First) (Middle)

List your addresses of residency for the past 3 years:

Current: _____
Street _____ City _____
State _____ Zip _____ Phone: _____ How Long: _____

Previous Addresses:

1. _____
Street _____ City _____ State & Zip _____
How Long: _____
2. _____
Street _____ City _____ State & Zip _____
How Long: _____
3. _____
Street _____ City _____ State & Zip _____
How Long: _____

Do you have the legal right to work in the United States? _____

Date of Birth: ____/____/____ Can you provide proof of age? _____
(required for commercial drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____

Position: _____

Reason for leaving: _____

Are you currently employed? _____ If not, How long since leaving last employment? _____

Who referred you? _____ Rate of Pay expected _____

Have you ever been bonded? _____ Name of Bonding Company _____
(Only Applicable if it is a job requirement)

Have you ever been convicted of a felony / misdemeanor? _____ If so please explain on the back of this form.

Have you ever tested positive or refused a pre-employment drug or alcohol test, including one taken for a company that you never gained employment? _____
If yes, Please explain: _____

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: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the proceeding 3 years. List complete mailing address, street number, city, state & zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such a vehicle.

EMPLOYER	DATE (Month/Year)	
Name:	From:	To:
Address:	Position:	
City: State: Zip:	Salary/Wage:	
Contact Person:	Reason for Leaving:	
Were 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		

(NOTE: List employers in reverse order starting with the most recent. Add another sheet of paper if necessary)

EMPLOYER	DATE (Month/Year)	
Name:	From:	To:
Address:	Position:	
City: State: Zip:	Salary/Wage:	
Contact Person:	Reason for Leaving:	
Were 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		

EMPLOYER	DATE (Month/Year)	
Name:	From:	To:
Address:	Position:	
City: State: Zip:	Salary/Wage:	
Contact Person:	Reason for Leaving:	
Were 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		

EMPLOYER	DATE (Month/Year)	
Name:	From:	To:
Address:	Position:	
City: State: Zip:	Salary/Wage:	
Contact Person:	Reason for Leaving:	
Were 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		

EMPLOYER		DATE (Month/Year)	
Name:		From:	To:
Address:		Position:	
City:	State:	Salary/Wage:	
Zip:		Reason for Leaving:	
Contact Person:			
Were 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			

EMPLOYER		DATE (Month/Year)	
Name:		From:	To:
Address:		Position:	
City:	State:	Salary/Wage:	
Zip:		Reason for Leaving:	
Contact Person:			
Were 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			

EMPLOYER		DATE (Month/Year)	
Name:		From:	To:
Address:		Position:	
City:	State:	Salary/Wage:	
Zip:		Reason for Leaving:	
Contact Person:			
Were 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			

EMPLOYER		DATE (Month/Year)	
Name:		From:	To:
Address:		Position:	
City:	State:	Salary/Wage:	
Zip:		Reason for Leaving:	
Contact Person:			
Were 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			

EMPLOYER		DATE (Month/Year)	
Name:		From:	To:
Address:		Position:	
City:	State:	Salary/Wage:	
Zip:		Reason for Leaving:	
Contact Person:			
Were 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			

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (Head on, Rear End, Upset, Etc.)	FATALITIES	INJURIES	HAZARDOUR MATERIAL SPILLS
Most recent:				
Previous:				

TRAFFIC CONVICTIONS & Forfeitures for the past 3 years (other than parking violations).

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE & QUALIFICATIONS – DRIVER List all driver licenses or permits held in the past 3 years

DRIVERS LICENSE	STATE	LICENSE NUMBER	TYPE	EXP DATE

Have you ever been denied OR had suspended a license, permit or privilege to operate a motor vehicle?

Yes No

If the answer “Yes” Please explain: _____

DRIVING EXPERIENCE: Check Yes or No

Class of Equipment	Circle Type of Equipment	From To	Dates	Approx. Number of Total Miles
Straight Truck - <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor & Semi-Trailer - <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor – 2 Trailers - <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor - 3 Trailers - <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Motorcoach – School Bus (more than 8 passenger) - <input type="checkbox"/> Yes <input type="checkbox"/> No	NA			
Motorcoach – School Bus (more than 15 passenger) - <input type="checkbox"/> Yes <input type="checkbox"/> No	NA			
Other: _____				

List states operated in for last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold & from whom: _____

EXPERIENCE & QUALIFICATIONS – OTHER

Show any trucking, transportation or other experience that may help in your work for this company:

List courses & training that have not been listed elsewhere in this application: _____

List any special equipment or technical materials you can work with other than those already listed in this application:

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School attended: _____ City & State: _____

TO BE READ & SIGNED BY 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.

Signature: _____ Date: _____

Certification of Ability to Perform Job Functions

Essential Job Function Summary

- Able to load, unload, and secure cargo including a – c below
- Able to lift 100 lb. Containers over 4 feet high
- Able to stow cartons and merchandise weighing up to 60 lb. Overhead
- Able to roll drums weighing up to 600 lb. Into place on rims
- Can pull (including cargo and release pins on equipment)
- Can stoop (maneuvering under equipment)
- Can repeatedly bend at the waist, neck, wrist, & shoulders
- Can twist and rotate hands, elbows, & forearms
- Can grip and grasp repeatedly
- Can operate foot control pedals (clutch, brake, accelerator)
- Can climb ladders (4- 10 feet), steps, & in and out of truck repeatedly
- Can sit for extended periods of time
- Can hook and unhook various equipment combinations (hoses, pins, latches, and crank lever)
- Can safely drive during day and night
- Can adequately respond to stress
- Can safely handle irregular work/rest and meal cycles
- Can safely handle routine noise and vibration associated with the operation of a truck
- Able to maintain balance

PLEASE CHECK ONE ONLY

- I certify that I can perform all of the job functions listed above. I understand that these are the minimum job requirements for Wabash Valley Transportation, Inc., drivers and that I may have additional requirements if assigned to a terminal with additional job tasks.
- I am not able to perform all of the job functions listed above.

Driver's Signature: _____



PRE-EMPLOYMENT DRUG SCREEN RELEASE*

I understand that in accordance with the policies of Wabash Valley Transportation, Inc., all prospective drivers must successfully complete a drug screen urinalysis as a condition of employment/lease.

Further, I understand and acknowledge that my submission to a drug screen urinalysis is required to be administered by **LabCorp**, at no cost to me. **The unsatisfactory results of said test shall preclude any further consideration of my employment with, or lease to, Wabash Valley Transportation, Inc.**

Consequently, I hereby agree to submit to a drug screen urinalysis and authorize the release of the results of my drug screen to authorized representatives of Wabash Valley Transportation, Inc.

- Pre-employment is referenced as a category by the Federal Motor Carrier Safety Regulations.

DRIVER AUTHORIZATION FOR RELEASE OF POST-ACCIDENT DOCUMENTS

Should I be unable to provide a urine sample after a reportable accident, I hereby authorize the release to Shilli Transportation Services, Inc. of all hospital reports, and other documents, which would indicate whether there were any controlled substances in my system following a motor vehicle accident.

Name of Driver: (printed) _____

Signature of Driver: _____

Social Security Number: _____ Date: _____

Witness Signature: _____ Date: _____



NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

1. No driver may possess more than one driver's license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier, AND the state which issued the license to that driver, of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as a commercial driver for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial motor vehicle, or who is disqualified from operating a commercial motor vehicle must advise the motor carrier the next business day after receiving the notification.
5. As required in Section 395.2(9) of the Federal Motor Carrier Safety Regulations, driver must enter as "On-Duty/not driving (line 4) time" on their daily log any time the driver spends "performing any compensated work for a non-motor carrier entity (employer)."

I hereby certify that I have read the above paragraph and understand that any time I spend performing any compensated work for any non-motor carrier employer must be entered in my daily log as "on-duty/not driving (line 4) time" as required by FMCSR 395.2(9). I further certify that (Check appropriate box):

- I am not performing any compensated work for any non-motor carrier employer. In the event I do perform work for any non-motor carrier employer for which I have been, or will be, compensated, I will immediately notify the company that such work has been, or will be, performed, and will provide details on the nature of that work.
- I am performing work for a non-motor carrier employer for which I am, or will be, compensated. Here are the details concerning the employer and the nature of the work:

Name of Company:	City/State:
Supervisor:	Phone:
Work Performed:	Approx: Hrs/Week

6. As required in FMCSR 395.8(j)(2) a driver is required to furnish at the time of initial employment, or when employed occasionally, a statement of the amount of time he/she worked during the last period of 7 consecutive days. In the chart below, show the number of hours worked (driving and on-duty, not driving) in each of the 7 days.

Day	1	2	3	4	5	6	7	Total
Date								XXXXXX
Hours worked								

I certify that information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at: (time of day) _____ on (month) _____ (day) _____ (year) _____

I have read and understand that above information and certify the information given is correct to the best of my knowledge.

Driver Signature: _____ Date: _____

Company Representative: _____



OFF DUTY AUTHORIZATION FORM

This letter authorizes our driver _____ to be Off-Duty during meal and other routine stops.

The purpose of the Federal Department of Transportation Hours of Service Regulations (Part 395) is to keep tired drivers from operating vehicles. Under certain circumstances, however, it appears that enroute stops for meals or other routine purposes may serve to lessen a driver's fatigue while allowing time for common breaks (such lunch, dinner, etc.)

Therefore, this letter is authorization for you to record your meal or other routine stops on your logs as Off-Duty rather than On-Duty/Not Driving as would normally be the case. However, this may be done only under all of the following circumstances:

1. Your vehicle must be parked in a safe and secure manner as to prevent obstruction of traffic and theft or damage to the vehicle and cargo.
2. The off-duty period must be no less than 30 minutes and no longer than 1 hour.
3. During the off-duty period, you are relieved of responsibility from your vehicle and cargo.
4. During the off-duty period, you are free to leave the premises on which your vehicle is parked and to pursue activities of your choosing, as long as your ability to safely operate your vehicle is not impaired as required by Part 392, "Driving of Vehicles," of the Federal Motor Carrier Safety Regulations.

Driver Signature

Date

DRIVER APPLICANT INFORMATION RELEASE

To: _____ From: Schilli Transportation Services
Attn: Driver Personnel/Safety Driver Personnel/Safety
Phone: _____ Phone: 219-261-2101
Fax: _____ Fax: 219-261-3955

Pursuant to 49 CFR, I hereby authorize the release of all information requested below, including drug and alcohol test results, to be furnished to SCHILLI TRANSPORTATION SERVICES, INC. I hereby release all employers, schools, health care providers, and other persons from any liability in responding to this inquiry and releasing information in connection with my application.

Applicant: Fill in This Section Only

X _____ Applicant Name (printed)	X _____ Applicant Signature
X _____ Social Security Number	X _____ Date

Dates of Employment: From _____ To _____

Based upon review of your company's drug and alcohol test records:

Has this individual had an alcohol test with a confirmed breath alcohol concentration of 0.04 or greater in the past 3 years? Yes No

Has this individual had a controlled substance test with a positive result in the past 3 years? Yes No

Has this individual refused (includes verified adulterated or substituted test results) a controlled substance test and/or alcohol test within the past 3 years: Yes No

Has this individual violated other DOT drug/alcohol regulations? Yes No

Have you received information from a previous employer that this individual violated DOT drug and/or Alcohol regulations? Yes No

Traffic citations on record? _____ Dates: _____ Charges: _____

Accidents? Yes No # Preventable: _____ # Non Preventable: _____

Dates: _____ Details: _____

Dates: _____ Details: _____

Dates: _____ Details: _____

Has the applicant ever been convicted of a felony? Yes No

Did applicant have any problems with customers? Yes No

Was applicant's license ever suspended or revoked? Yes No

Did applicant ever abuse custody of money or valuables? Yes No

Was applicant considered cooperative and dependable? Yes No

Were loading and unloading schedules made on time? Yes No

Did applicant have a good safety attitude towards logs/equipment? Yes No

Is applicant eligible for rehire? Yes No

Reason for leaving: Resigned/Quit Dismissed Leave of Absence Other (State reason _____)

Name of person supplying information _____ Date _____

Signature _____ Title _____



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 USIS Services, Tulsa, Oklahoma. These reports may include the following types of information: names of previous employers and date of employment, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain record; as well as information from USIS concerning previous driving record requests mad by others from such state 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 proper identification, to request the nature and substance of all information in its 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 preceding my request.

I hereby consent to you obtaining the above information form DAC; and I agree that such information which DAC has or 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 shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print Name

Social Security Number

Applicant Signature

Date



Employer/Employee Agreement to Select a State Other Than Ohio as the State of Exclusive Remedy for Workers' Compensation Claims

Please read below before completing this form

An employee who enters into an employment contract outside of Ohio may work in another state some or all of the time. This leads to the possibility that Ohio's workers' compensation laws may conflict with those of the other state. In these cases, Ohio law allows employers and employees to choose workers' compensation coverage from Ohio or from the other state.

- Use this form (C-112) to choose coverage from a state other than Ohio. By signing this form, both the employee and employer agree to be bound exclusively by the workers' compensation laws of the other state.
Use form C-110 to choose Ohio coverage. By signing that form, both the employee and employer agree to be bound exclusively by the workers' compensation laws of Ohio. You may get form C-110 from ohioBWC.com.

Important notes: (1) Neither form C-112 nor C-110 can create jurisdiction where none exists. The forms merely clarify which state's laws will apply in the event of a conflict between states having jurisdiction over an employer and employee. (2) Although BWC honors a valid C-112 in Ohio, the laws of another state might not recognize the terms of the agreement. Consult the workers' compensation agency in the other state or private counsel to verify the validity of this agreement outside Ohio.

Instructions for completing the form

- Use a separate form for each employee. Only one employee should sign the form. It is not for use by multiple employees.
The employer should keep a signed copy for company records and provide a copy to the employee.
To be legally valid, the employer must submit the agreement to BWC within 10 days of signing this agreement.
Submit completed agreements to BWC's policy processing via fax at (614) 621-1435 or by mail to: BWC Policy Processing Dept., 30 W. Spring St., 22nd floor, Columbus, OH 43215.
The employer must attach a certificate of coverage from the other state(s) to this agreement.
The employer must maintain an active Ohio workers' compensation policy for the agreement to be valid.
The employer will not report the payroll of any employee covered by a valid C-112 to BWC.

The parties to this agreement represent to BWC that there is a possibility of a conflict between the workers' compensation laws of Ohio and those of another state, because the employee entered into the contract of employment and will perform all or some of the work in a state or states other than Ohio.

The employee entered into the contract of employment in _____ and not in Ohio. The state(s) in which the employee will work is (are) _____. Under Ohio Revised Code Section 4123.54, the employer and employee agree to be bound exclusively by the workers' compensation laws of _____ (not Ohio) as the state of coverage and have attached a certificate of coverage. Regardless of where a work-related injury or death occurs or where an employee contracts an occupational disease, the workers' compensation laws of that state and not the laws of Ohio will govern the rights of the employee and his or her dependents. The employer has complied with the workers' compensation laws of the above state, paid premiums, and maintains active coverage. This agreement shall remain in effect until the parties terminate or modify it by filing a new agreement.

Employee approval

Employee's first name/middle initial/last name (please print):
Employee's address:
City: State: ZIP code:
Employee's signature: Date:
Phone #: Fax #: E-mail:

Employer approval

Name of employer: Employer's BWC policy number:
Employer's address:
City: State: ZIP code:
Ohio business location address:
City: State: ZIP code:
Employer's signature*: Title: Date:
Phone #: Fax #: E-mail:

*An owner, partner or officer must sign this agreement.



Form WH-4
State Form 48845
(R2 / 8-08)

State of Indiana

Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" _____

Nonresident aliens must skip lines 2 through 6. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____

3. You are allowed one (1) exemption for each dependent. Enter number claimed _____

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or

(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind

Enter the total number of boxes checked _____

5. Add lines 1, 2, 3, and 4. Enter the total here _____ ▶

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....▶

7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____

8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____

Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter "not applicable" on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) the person who you claim as an exemption will receive more than \$1,000 of income during the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B _____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}	
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 \$	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1** Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$		
	\$8,400 if head of household						
	\$5,700 if single or married filing separately						
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3.” **2** _____
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet **4** _____
- 5** Enter the number from line 1 of this worksheet **5** _____
- 6** **Subtract** line 5 from line 4 **6** _____
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9** Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.