



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

JWright Companies, Inc.
810 18th Street, #1
PO Box 1210
Evanston, WY 82931
(307)789-2559

<input type="checkbox"/> JWright Companies, Inc.
<input type="checkbox"/> JWright Communities, LLC

NOTICE TO ALL JOB APPLICANTS

Please read carefully the following information before completing the application for employment:

1. Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, disability or sex, sexual orientation, etc. as prohibited by law or regulation. JWright Companies, Inc. and affiliates are an equal opportunity employer.
2. All new employees may be required to pass a drug test before starting work. JWright Companies, Inc. and affiliates also conduct random drug tests on all current employees in accordance with its drug prevention program.
3. JWright Companies, Inc. and affiliates hire only United States citizens and lawfully authorized alien workers. Applicants who are offered a job will be required to present documents proving their identity and eligibility to work in the United States.
4. JWright Companies, Inc. and affiliates also conduct background checks prior to employment. By signing this application you are giving consent to JWright Companies, Inc. to request the background check.
5. I understand that my employment with JWright Companies, Inc. and affiliates, if hired, is at will and I understand that my employment and conditions of employment may be changed and/or terminated at any time with or without notice.

PERSONAL INFORMATION

Name (Last, First, Middle):	Date:	
Social Security Number:		
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Business Phone:

POSITION YOU ARE APPLYING FOR

Title:	Salary Requirement:
Referred by:	Date You Can Start:
Are you looking for full-time or part-time employment?	[] Full-time [] Part-time
Will you work overtime, on occasion, if necessary?	[] Yes [] No
Do you have any on-going obligations such as school, another job or other personal commitments that might affect your work schedule here?	[] Yes [] No
Are you presently employed?	[] Yes [] No
Do you have to give advance notice to your present employer?	[] Yes [] No
Do you authorize us to contact your present employer for a reference?	[] Yes [] No

List job benefits, other than wages you expect or want in order of importance:

List any special skills you may have (typing, Machine operation, etc.):

EDUCATION RECORD

Type of School	Name and Location of School	Years Attended	Type of Diploma or Degree	Major Field of Study
HIGH SCHOOL OR G.E.D.	_____	_____	_____	_____
	_____	_____	_____	_____
COLLEGE, UNIVERSITY, TECHNICAL OR VOCATIONAL	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
ADDITIONAL LICENSES & CERTIFICATES	_____			

Work History (give information about your last 4 jobs, starting with the most recent)

Employer - 1

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

Employer - 2

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

Employer - 3

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

Employer - 4

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

Note: DOT requires drivers to complete work history for at least 3 years and/or commercial driving experience for the past 10 years. Please attach a sheet if more space is needed.

PRESENT EMPLOYMENT

Are you presently employed? Yes No

Do you need to give your present employer an advance notice? Yes No

Do you authorize us to contact your present employer for a reference? Yes No

PRIOR EVENTS

Have you ever worked for or applied to work at JWright Companies, Inc. or JWright Communities, LLC, Yes No
If Yes, explain

Do you authorize us to contact your previous employers for references? Yes No

Have you ever been discharged for cause? Yes No

Have you ever been indicted or convicted of a law violation other than a minor traffic violation? Yes No

Would you be willing to take a drug/alcohol screening exam before and after employment if requested? Yes No

PLEASE READ AND SIGN

All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or if employed, may be just cause for subsequent dismissal.

I hereby authorize any former employer, person, firm or corporation listed heron, including this company to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.

I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am employed, my employment shall be completely voluntary and may be terminated at will any time upon notice by either the company or myself.

I agree to take and pass a company paid-for physical examination by a physician at any time before or after employment. If employed, I agree to comply with all reasonable rules of the company as a condition of continued employment.

In the event the company advances me money or other things of value, or I otherwise become indebted financially to the company, I agree to repay the company and also that any wages due upon termination may be offset by payroll deduction against any such monies due the company.

Signature: _____

Date: _____



DRIVER APPLICANT SECTION

(MUST complete fully by DOT regulations)

Date of Birth: _____
Month Day Year

Addresses
For the
past
3 years

Street	City	State/Zip	How long?
Street	City	State/Zip	How long?
Street	City	State/Zip	How long?

DRIVERS EXPERIENCE AND QUALIFICATIONS

Driver Licenses	State	License #	Type	Expiration Date

DRIVER EXPERIENCE

Class of Equipment	Type of Equipment <small>(van, tank, flat, etc.)</small>	Dates		Approx # of Total miles
		From	To	
Straight truck				
Tractor/Trailer				
Tractor/2 tire				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of accident <small>(head-on, rear-end, upset, etc.)</small>	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
2. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF THE ANSWER TO 1 OR 2 IS YES, ATTACH A STATEMENT GIVING DETAILS



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MOTOR VEHICLE RECORD CONSENT FORM

Employee's Name: _____
(print name)

I hereby authorize and consent to the release of driver license record information to the insurance agent or prospective insurance company of JWright Companies, Inc. and affiliates. I also understand that JWright Companies, Inc. and affiliates may periodically obtain a copy of my driving record or may require me to provide a copy of my driving record at my own expense. I further understand that such information could affect my ability to operate a company owned vehicle and possibly my employment with JWright Companies, Inc. and affiliates.

I hereby authorize and consent to terms mentioned above and discharge, release and forever hold harmless, JWright Companies, Inc., and affiliates as my employer, for obtaining this information on my driving record.

Signed By: _____

Date Signed: _____

Witness: _____



JWright Companies, Inc.

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Mailed _____ Faxed _____

Date _____ By _____

Request For Information

Former Employer _____

Address _____

Phone # _____ **Fax #** _____

Name _____ Social Security # _____ has made application to JWright Companies, Inc. for a position as a _____. This person has stated that you employed him/her as a _____ from _____ to _____. This request for information will be held in strict confidence and is required by USDOT and Federal Motor Carrier Safety Regulations. **Please email your reply to JWright Companies, Inc. Human Resource Director at nicole@jwright.biz.**

1. Is the employment record with your company correct as stated above? Yes No (circle one)
If it is not correct, please explain _____

2. What kind(s) of work did the applicant do? _____

3. Did the applicant drive motor vehicles? Yes No If yes, what type?
Passenger Car _____ Straight Truck _____ Bus _____ Tractor-Semitrailer _____ Other (specify) _____

4. Was the applicant a safe and efficient driver? _____

5. Give the dates of vehicle accidents in which the applicant was involved _____

6. Reason applicant left your employ: Discharged _____ Laid Off _____ Resigned _____

7. Was the applicant's general conduct satisfactory? Yes No (circle one) If no, please explain: _____

8. Is the applicant competent for the position sought? Yes No (circle one)

9. Was the applicant subject to mandatory random drug testing under the Federal Motor Carrier Safety Regulations part 382?
Yes No If YES, please answer the following questions:

- 1. Has this person ever tested positive for a controlled substance in the past two years? YES NO
- 2. Has this person ever had an alcohol test with an alcohol concentration of .04 or greater? YES NO
- 3. Has this person ever refused a required drug or alcohol test in the last two years? YES NO

If YES to any of the above questions, please give the Substance Abuse Professional (SAP) name, address and phone number.

SAP Name, address and phone # _____

This form completed by _____ Title _____ Date _____

As my former employer, you are hereby authorized to provide JWright Companies, Inc. all information regarding my services, character and conduct while in your employ. I also release you from any and all liability, which may result from furnishing such information to JWright Companies, Inc.

Signature _____ Date _____