



Application for Employment

Please fill out form completely for employment consideration.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Name _____ Date _____
(Last) (First) (Middle)

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

Telephone _____ Cell _____ E-mail _____

Position(s) applied for _____

Date available for work ____/____/____ When is the best time to call you? _____

What is the desired salary or hourly rate of pay? _____ Are you employed now? _____

Do you have a valid driver's license without restrictions? _____

Have you ever been employed by WCEC, Matrix Environmental or Info-Link before? _____
If yes, give dates: from ____/____/____ to ____/____/____

Are you legally eligible for employment in the United States? _____

Type of employment desired: Full-Time _____ Part-Time _____ Temporary/Internship _____

Will you relocate if job requires it? _____ Will you travel if job requires it? _____

Will you work overtime if required? _____ If no, please explain: _____

Employment History

Starting with your most recent employer, provide the following information:

1. Employer: _____ Telephone: _____

Street Address: _____

(City) (State)

Dates Employed: ____/____/____ to ____/____/____ Starting Salary: _____ Final Salary: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

Why did you leave? _____

Summarize the type of work performed and job responsibilities: _____

What did you like most about your position? _____

What did you like least about your position? _____

2. Employer: _____ Telephone: _____

Street Address: _____

(City) (State)

Dates Employed: ____/____/____ to ____/____/____ Starting Salary: _____ Final Salary: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

Why did you leave? _____

Summarize the type of work performed and job responsibilities: _____

What did you like most about your position? _____

What did you like least about your position? _____

3. Employer: _____ Telephone: _____

Street Address: _____

(City) (State)

Dates Employed: ____/____/____ to ____/____/____ Starting Salary: _____ Final Salary: _____

Starting job title/final job title: _____

Immediate supervisor and title: _____

Why did you leave? _____

Summarize the type of work performed and job responsibilities: _____

What did you like most about your position? _____

What did you like least about your position? _____

Skills and Qualifications

Summarize any special training, skills, license and/or certificates that may assist you in performing the position for which you are applying: _____

Educational Background

Starting with your most recent school attended, provide the following information:

1. School: _____

Address: _____

(City) (State)

Years Completed: _____ Degree/Diploma/Certification: _____

GPA: _____ Major/Minor: _____

2. School: _____

Address: _____

(City) (State)

Years Completed: _____ Degree/Diploma/Certification: _____

GPA: _____ Major/Minor: _____

3. School: _____

Address: _____

(City) (State)

Years Completed: _____ Degree/Diploma/Certification: _____

GPA: _____ Major/Minor: _____

References

Please list names and telephone numbers of three business/work references to whom you are not related and are not previous supervisors. If not applicable, list three school or personal references to whom you are not related.

Name: _____ Title: _____

Relationship to You: _____ Years Known: _____

Telephone: _____ E-mail Address: _____

Name: _____ Title: _____

Relationship to You: _____ Years Known: _____

Telephone: _____ E-mail Address: _____

Name: _____ Title: _____

Relationship to You: _____ Years Known: _____

Telephone: _____ E-mail Address: _____

Miscellaneous Information:

Please provide additional information (if any) that you believe may help us assess your qualifications and experience:

Agreement:

By submitting this application I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of information in connection with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is dependent upon satisfactory completion of a pre-employment investigation which includes but is not limited to education and work history verification, reference checks and any investigation required by local, state, or federal laws. By signing this application I authorize any necessary background checks, pre employment drug screening, or pre employment physicals that are required after an offer of employment has been extended.

I understand that if I am hired by WCEC, Info-Link or any of its affiliates or subsidiaries, my employment will be for an indefinite period of time and will be "at-will," which means that either I or the employer may terminate the employment relationship at any time and for any or no reason. I further understand that, if hired, my at-will employment status may only be changed in a written contract signed by the General Manager or authorized representative of the GM, and that no representative of WCEC, Info-Link or any of its affiliates or subsidiaries has the authority to make any oral promise to me concerning my employment. Finally, I also understand that while the Family of Companies supports current policies and benefits, it retains the right to change them at any time, with or without notice.

Signature of Applicant _____ Date ____/____/____

Return completed and signed form to:

WCEC Environmental Consultants, Inc.
14 Green River Rd. Morris MN 56267
(320) 589-2930



Or by E-mail: wcecejobs@wcec.com

WCEC Application Supplement for Commercial Motor Vehicle Driver Positions

Company Name: West Central Environmental Consultants (WCEC)

Street Address: 14 Green River Road, PO BOX 594

City, State, Zip: Morris, MN 56267

Applicant Name: _____

Social Security Number: _____

***Special Notice for Applicants for Commercial Motor Vehicle Driver Positions**

The information provided in this supplement may be used, and prior employers may be contacted, for the purpose of investigating the applicant’s background as required by FMCSR Part 391.23.

DOT EMPLOYMENT HISTORY

Please list the names of your employers from the Employment History section of the main application and answer the following questions regarding your previous employment. Attach additional sheets if necessary:

Employer Name	Were you subject to the FMCSA Regulations while employed?	Was your job designated as a safety-sensitive function in any DOT-Regulated mode* subject to the drug and alcohol testing requirements of 49 CFR Part 40?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

* DOT modes include the United States Coast Guard, the Federal Aviation Administration, the Federal Highway Administration, the Federal Railroad Administration, the Federal Transit Administration, the Federal Motor Carrier Safety Administration and the Research and Special Programs Administration.

In compliance with FMCSA Regulations Section 40.25 (j) all driver applicants are required to answer the following two questions:

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Check one: **Yes** **No**

WCEC Application Supplement for Commercial Motor Vehicle Driver Positions

- 2) If you answered YES, have you successfully completed the DOT return-to-duty requirements? Check one: Yes No

You must provide documents supporting your successful completion of these requirements.

RESIDENCES

Please provide your addresses of residence for the past three years beginning with the most recent address.

Street Address	City, State, Zip	From	To

DRIVER'S LICENSE INFORMATION

Please provide the following information for each unexpired motor vehicle license or permit which has been issued to you (include both CDL and non CDL):

Issuing _____ License Number: _____
Type: _____ Expiration Date: _____

Indicate all CDL Endorsements and Restrictions you currently hold:

- Double/Triple Trailers Tank Vehicle Hazardous Materials Passenger
 Air Brake Restriction _____

DRIVING EXPERIENCE

Type of Equipment	Dates			
	Yes	No	From	To
Bus	<input type="checkbox"/>	<input type="checkbox"/>		
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>		
Tractor Semi-Trailer	<input type="checkbox"/>	<input type="checkbox"/>		
Tractor Trailer	<input type="checkbox"/>	<input type="checkbox"/>		
Twin Trailers	<input type="checkbox"/>	<input type="checkbox"/>		
Triple Trailers	<input type="checkbox"/>	<input type="checkbox"/>		
Tankers	<input type="checkbox"/>	<input type="checkbox"/>		
Other (please specify)				

Have you completed any special courses or training you believe will help you as a driver? Yes No

Have you received any safe driving award(s)? Yes No

If you answered "yes" to either of the above two questions, please indicate the nature of the training or award and when and from whom it was received:

VEHICLE ACCIDENT RECORD

Have you been involved in any accidents (preventable and non-preventable) as a driver during the previous three (3) years from the date of this application? Yes No

If yes, please provide the following information. Attach additional sheets if more space is needed.

	Date	Location	Nature of Accident (E.G., Head-on, rear-end, overturn, etc.)	Fatalities (#)	Injuries (#)	Haz. Mat. Spill?
Last Accident						
Previous						
Previous						

VIOLATIONS

Please list all violations of motor vehicle laws or ordinances (excluding parking) for which you have been convicted, or have forfeited a bond or collateral during the three (3) years preceding this application.

Attach additional sheet if more space is needed.

Date	Location	Offense	Penalty	Type of Vehicle

Notification of Rights and Certification

I understand that I have the following rights regarding the investigative information that will be provided to the Company: (1) the right to review information provided by previous employers; (2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the Company; (3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information. I understand that if I wish to review previous employer-provided investigative information, I must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to me within five business days of receiving the written request, or within five business days of receipt of the requested information from the previous employer, whichever is later.

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: _____

Print Name: _____

APPLICANT'S/TRANSFEREE'S AUTHORIZATION TO OBTAIN DRUG AND ALCOHOL-RELATED INFORMATION FROM PREVIOUS DOT-REGULATED EMPLOYERS

I, _____, understand that as a condition of hire or engagement with WCEC, I must give the Company written authorization to obtain certain drug and alcohol-related information from all of the past DOT-regulated employers for which I worked as a commercial motor vehicle (CMV) driver or in another DOT-regulated safety sensitive position, or for which I took DOT-required pre-employment drug tests and alcohol tests, during the past three (3) years. I have also been advised and understand that my signing of this authorization does not guarantee that I will be offered a position with the Company, or continued employment by the Company, or that I will be given other opportunities to work for or on behalf of the Company.

I hereby authorize the Company to obtain the following information from each of the DOT-regulated employers for which I worked as a CMV driver, or in any other DOT-regulated safety-sensitive position, or for which I took a DOT-required pre-employment drug and a pre-employment alcohol test during the past three (3) years:

- (i) whether, within the previous three years, I have violated DOT's (including any DOT operating company's) or FMCSA's drug and alcohol prohibitions, including but not limited to: (A) all verified positive drug (controlled substances) test results; (B) all alcohol test results of 0.04 concentration or greater; (C) all instances in which I refused to submit to a DOT-required drug and/or alcohol test (including verified adulterated or substituted drug test results); (D) all other violations of DOT agency drug and alcohol testing regulations;
- (ii) whether I failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to DOT's and FMCSA's return-to-duty requirements. If the previous employer does not know this information, I understand that I must provide documentation of successful completion of the SAP's referral directly to the Company.
- (iii) If I successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether I had the following testing violations subsequent to completion of the referral process: (A) alcohol tests with a result of .04 or higher alcohol concentration; (B) verified positive drug tests; (C) refusals to be tested (including verified adulterated or substituted drug test results).

I authorize each of my previous employers (or previous prospective employers) to release the above information to the Company, in writing, addressed to WCEC Human Resources Manager and marked "Confidential."

I further authorize each of my previous employers (or previous prospective employers) to release the above-specific drug and alcohol-related information which they obtained from any other DOT-regulated employer for whom I worked as a CMV driver, or in another DOT-regulated safety-sensitive position, during the past three (3) years.

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Below I have provided the name and address of a DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or in another DOT-regulated safety-sensitive position, during the past three (3) years:

Company Name: _____

Company Address: _____

Dates worked for/or applied to: _____

Reason(s) for Leaving (if applicable): _____

Contact's Name: _____

I agree to execute a separate authorization for each DOT-regulated employer for which I worked as a CMV driver or in another DOT-regulated safety-sensitive position, or to which I applied for work as a CMV driver or another DOT-regulated safety-sensitive position, during the past three (3) years.

APPLICANT'S / TRANSFeree'S CERTIFICATION:

I have carefully read and fully understand this authorization to release my past drug and alcohol-related information, as specified above. In signing below, I certify that all of the information which I have furnished on this form is true and complete. I understand that this authorization will be sent to my former employer or former prospective employer listed above.

Signature: _____ Date: _____

Print Name: _____