



APPLICATION FOR EMPLOYMENT
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Wheels Now Inc. and its affiliates and subsidiaries are hereafter referred to as the "Company".

PERSONAL INFORMATION				POSITION INFORMATION		
LAST NAME		TODAY'S DATE		POSITION DESIRED		
FIRST NAME		MIDDLE NAME		DATE AVAILABLE FOR WORK	SALARY DESIRED	
SOCIAL SECURITY NUMBER				TYPE	CLASS	
STREET ADDRESS				START TIME (circle one) DAY EVENING NIGHT		
CITY		STATE	ZIP CODE	ANSWER ALL QUESTIONS IN THIS SECTION IF POSITION APPLIED FOR REQUIRES DRIVING AN AUTOMOBILE OR A COMPANY CAR VALID DRIVER'S LICENSES? IF YES, WHICH STATE DRIVER'S LICENSE NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOME PHONE	CELL PHONE	Email Address				
UNDER WHAT OTHER NAMES HAVE YOU WORKED?			IF YOU ARE OFFERED A POSITION WITH THE COMPANY CAN YOU SUPPLY PROOF OF YOUR RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU UNDER AGE 18?	
HAVE YOU WORKED FOR THE COMPANY OR ITS DIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE AND LOCATION _____		HOW WERE YOU REFERED TO THIS COMPANY?		DO YOU HAVE ANY RELATIVES EMPLOYED BY THIS COMPANY OR ITS DIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME AND DEPARTMENT _____		
WOULD YOU BE WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? _____		DO YOU UNDERSTAND THAT OVER TIME MAY BE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO I acknowledge that I may be required to work overtime. Applicant's initials: _____				
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____		ARE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU FOR OTHER THAN A TRAFFIC MISDEMEANOR? CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____				
HAVE YOU EVER BEEN REFUSED A BOND? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____						
EDUCATION						
TYPE SCHOOL	NAME, CITY AND STATE OF SCHOOL	MAJOR	CIRCLE LAST YEAR COMPLETED	DEGREE		
HIGH SCHOOL			FR SOPH JR SR	DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE			FR SOPH JR SR	DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE, BUSINESS, TRADE OR NIGHT SCHOOL				DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER						
ADDITIONAL SKILLS OR TRAINING WHICH MAY BE APPLICABLE TO EMPLOYMENT AT THIS COMPANY.						
WHAT PROFESSIONAL CERTIFICATES OR LICENSES DO YOU HOLD?				VALID IN WHICH STATE?	DATE EXPIRES	
LANGUAGES YOU READ, SPEAK OR WRITE FLUENTLY?						
TYPING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WPM		SHORTHAND? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WPM		WORD PROCESSING? (SOFTWARE) <input type="checkbox"/> YES <input type="checkbox"/> NO (MODEL) _____	SPREADSHEET? (SOFTWARE) <input type="checkbox"/> YES <input type="checkbox"/> NO	CRT? <input type="checkbox"/> YES <input type="checkbox"/> NO
MILITARY STATUS						
ARE YOU A VIETNAM ERA VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			MILITARY TRRAINING WHICH WOULD QUALIFY YOU FOR THE POSITION YOU ARE APPLYING FOR.			

EMPLOYMENT DATA

List all previous employment. Include military service. Account for any periods of time not covered by stating nature of your activities. Use separate sheets of paper if necessary. LIST MOST RECENT EMPLOYMENT FIRST.

May we contact your present employer? YES NO

DATES	COMPANY NAME AND ADDRESS	JOB TITLE/DUTIES	BASE SALARY PER MONTH	REASON FOR LEAVING
FROM			STARTING	
			\$	
TO			FINAL	
			\$	
SUPERVISOR NAME AND TITLE			PHONE ()	
FROM			STARTING	
			\$	
TO			FINAL	
			\$	
SUPERVISOR NAME AND TITLE			PHONE ()	
FROM			STARTING	
			\$	
TO			FINAL	
			\$	
SUPERVISOR NAME AND TITLE			PHONE ()	
FROM			STARTING	
			\$	
TO			FINAL	
			\$	
SUPERVISOR NAME AND TITLE			PHONE ()	

CERTIFICATION

APPLICANT: PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

1. I declare my answers to the questions on this application are true to the best of my knowledge and belief. It is understood that any false statements appearing on any employment form will be sufficient reason for dismissal from the service of the Company.
2. I understand that my pre-employment qualifications are subject to investigation and I hereby authorize the Company to conduct any necessary inquires. And, I hereby release any former employer from all liability for any damages resulting from information furnished by them.
3. I also understand that a pre-employment physical examination may be required and is performed by a medical doctor selected by the Company without cost to the applicant. I agree to submit to this procedure with the knowledge that the results of this examination are a determining factor in obtaining employment with the Company.
4. I understand and agree that I will be tested for certain illegal and controlled drugs. I understand and agree that if I fail this test I will not be hired.
5. If employed, I will abide by the existing polices and rules set forth by the Company and such rules and regulations as may become effective while employed by said organization.
6. I understand and agree that the employment relationship is completely consensual and may be terminated by either party at any time for any reason, without cause and without notice. I also recognize that no representative of the Company, other than the Chairman, has the authority to enter into an express or implied contract of employment for a specific duration of time or to restrict in any way the Company's or my right to terminate the employment relationship. And, even that contract must be in writing.
7. If employed, I will submit certain documentation in order to establish my identity and my employment authorization. I understand these documents will be photocopied and placed together with attestation forms that I and the Company have signed, in a file which may be inspected by the U.S. Immigration and Naturalization Service or by the U.S. Department of Labor.
8. I understand that as an employee of the Company, I will be subject to the Company Arbitration policy. Thus, in the event of my involuntary termination, I agree to submit any dispute related to that termination to final and binding arbitration, as more fully described in the Human Resources Arbitration policy.

The sole recourse for employees with a hire date of May 14, 1996 or later, to challenge an involuntary termination, is through binding arbitration.

Note: It is unlawful in Massachusetts, Maryland and some other states to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I HAVE READ AND UNDERSTAND THE ABOVE _____ SIGNATURE OF APPLICANT _____ DATE _____

HIRES DATE

OFFER DATE	REQ. #	NT I.D.	POSITION NO.	COST CENTER	LOB	STARTING SALARY	START DATE
JOB TITLE				HIRING SUPERVISOR		EXTENSION	



EQUAL EMPLOYMENT OPPORTUNITY APPLICANT DATA FORM

TO ALL APPLICANTS

The Company provides equal opportunity in employment to all employees and applicants. No person shall be discriminated against in employment because of race, color, religion, sex, age (40 and over), national origin, marital status, sexual orientation, veteran status, qualifying disability or any other status or condition protected by federal or state statutes.

In keeping with this commitment, we request your assistance by supplying the information requested below, which will be used to comply with government reporting requirements. Your assistance is strictly confidential and no employment decision will be based upon this information. This form will be kept separate from the application.

Thank you for your voluntary assistance in providing us with this confidential statistical information.

Form with fields: OFFICE WHERE APPLYING, APPLICATION DATE (MONTH/ DATE/ YEAR), NAME OF APPLICANT (LAST. FIRST. MIDDLE), SOCIAL SECURITY NUMBER, ZIP CODE, TYPE OF POSITION DESIRED

PLEASE CHECK ONE RESPONSE FOR EACH QUESTION

Your gender?

M = Male F = Female

Your age group?

A = UNDER 18 B = 18 - 40 C = 40 +

Your ethnic origin?

AA = ASIAN AMERICAN / PACIFIC ISLANDER
AI = AMERICAN INDIAN
B = BLACK
HIS = HISPANIC
W = WHITE

Your veteran status?

1 = VETERAN
2 = DISABLED VETERAN
3 = VIETNAME ERA VETERAN
4 = DISABLED VIETNAME ERA VETERAN
5 = SPECIAL DISABLED VETERAN
6 = SPECIAL DISABLED VETERAN ERA VET -

Do you have any disability which may limit your ability to perform the job applied for?

YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS?

How did you learn of the position?

A = JOB HOTLINE B = RECRUITMENT AGENCY C = COMMUNITY AGENCY D = NEWSPAPER / TRADE JOURNAL E = VISIT TO FACILITY F = CONFERENCE / JOB FAIR G = EMPLOYEE REFERRAL H = OTHER (PLEASE SPECIFY)



FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

A consumer report and/or an investigative consumer report that includes information as to your character, general reputation, personal characteristics and mode of living may be obtained in connection with your application for and/or continued employment with *Wheels Now Inc.*. A consumer report and/or investigative consumer report may be obtained at any time during the application process or during your employment with *Wheels Now Inc.* Upon a timely written request of the Personnel Department of *Wheels Now Inc.*, you have the right to be informed whether or not a consumer report and/or investigative consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Upon the timely written request, the nature and scope of the investigative consumer report will also be disclosed to you. The nature and scope of the investigative consumer report may include, but is not limited to, information concerning **your employment history, police record, education, qualifications, motor vehicle record, and/or credit and indebtedness**, and this information may be obtained through personal interviews with other individuals.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

Please be advised that we may utilize the Minnesota Bureau of Criminal Apprehension website to research your criminal record.

California Applicants or Employees Only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Minnesota and Oklahoma Applicants or Employees Only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company whenever you have a right to receive such copy under state law.

New York Applicants, Employees, and Residents Only: By checking the box below I, _____, acknowledge receiving a copy of Article 23-A of the New York State Correction Law. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified below directly.

**Consumer Reporting Agency:
Verified, Incorporated
7500 West State Street
Wauwatosa, WI 53213
Toll Free: (866) 265-9426
Fax: (414) 727-5510**

I, _____, authorize *Wheels Now Inc.* and Verified, Incorporated, a consumer reporting agency, to obtain a consumer report and/or investigative consumer report for employment purposes at any time prior to or during my employment. I authorize all former employers, educational institutions, law enforcement agencies, credit reporting agencies, or other persons to give *Wheels Now Inc.* and Verified, Incorporated information requested regarding my employment, attendance, character, experience, qualifications, and/or suitability for employment, including a check of my fingerprints, for the purposes described in this document. I hereby forever discharge and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information.

A copy of this authorization is valid as the original and should be recognized as such.

Applicant Signature

Social Security: ____ - ____ - ____

Date: _____

A Summary of Your Rights under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S. C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA give you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20219 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 203-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051