



101 West Harrisburg Ave. P.O. Box 26 Rheems, PA 17570 | www.thewengergroup.com | 1.800.692.6008 | 1.717.367.5913 Fax

Employment Inquiry (for Driving Positions Only)

I understand that this is not an employment application. This inquiry will, however, be reviewed and my qualifications considered for possible job openings in the future. If this company finds my qualifications and employment background match a current opening, I will be contacted to complete an Application of Employment.

Signature

Date

Please Read Prior to Completing the Employment Inquiry

The Wenger Group welcomes your inquiry for employment. Should a position become open for which your inquiry conveys you qualify, we will contact you. At that time, we will request you complete an Application of Employment and you will be given the job description for your review.

This inquiry for employment shall be considered active for a period of time not to exceed twelve (12) months. Any individual wishing to remain active beyond this time shall contact The Wenger Group to extend your inquiry's active period.

It is to your advantage to be very specific in the information you provide.

The Wenger Group is a completely smoke-free working environment. Due to safety factors specific to the feed mill operation and to overall health concerns, no smoking is permitted inside any company facility.

For all new hires, The Wenger Group requires a "post-offer" drug test performed by a medical facility chosen by the company. For all driving positions, The Wenger Group does require, if hired, drug testing for all inter-state and intra-state driving positions. This policy is in compliance with the Federal Motor Carrier Safety Administration. Drug testing is required "post-offer" of a driving position, post-accident, randomly, and with reasonable cause. Alcohol testing is required for post-accident, randomly, and with reasonable cause.

In the event of employment, I understand I am required to abide by all rules and regulations of the employer.

I certify that answers given herein are true and complete to the best of my knowledge.

Signature

Date

All individuals considered for employment are evaluated without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Personal Information

Name (First, M.I., Last):		Today's Date:	
Email Address:			
Permanent Address:		City:	State: Zip:
Home Phone: () -	Cell Phone: () -	Best Way to Contact (circle one): Home Cell Email	
Can you provide required proof of your eligibility to work? (circle one): <i>Applies only if under 18 years old.</i> Yes No Not Applicable			
Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? (circle one): <i>Proof of citizenship or immigration status will be required upon employment.</i> Yes No			

Education and Training

(Please indicate education or training which you believe qualifies you for the position you are seeking)

	Name of School(s)	City, State	No. Years Completed	Diploma/G.E.D.	Major (if applicable)
High School					
College and/or Trade School					

Specialized Training, Skills, etc.:	
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Employment Desired

Type of Work Desired (check as many as applicable): <input type="checkbox"/> Feed Truck Driver (CDL Class A) <input type="checkbox"/> Egg Marketing Services Warehouse <input type="checkbox"/> Egg Marketing Services Tractor-Trailer Driver <input type="checkbox"/> Sales/Service <input type="checkbox"/> Truck Service Technician <input type="checkbox"/> Office <input type="checkbox"/> Mill Production <input type="checkbox"/> Other _____ <input type="checkbox"/> Mill Maintenance	
Shift Available (check as many as applicable): <input type="checkbox"/> Day <input type="checkbox"/> Full-time <input type="checkbox"/> Evening <input type="checkbox"/> Part-time <input type="checkbox"/> Weekend	
Since we have numerous locations, it would be helpful if you would identify which location(s) you are interested in working. (Note: Please mail all applications to Corporate Office) <input type="checkbox"/> Corporate Office/All Rheems Locations ~ P.O. Box 26, 101 W. Harrisburg Avenue, Rheems, PA 17570 <input type="checkbox"/> Egg Marketing Services ~ P.O. Box 25, Rheems, PA 17570 <input type="checkbox"/> Hempfield Mill ~ 3579 Hempland Rd, Lancaster, PA 17601 <input type="checkbox"/> Massey Mill ~ 12201 Massey Road, Massey, MD <input type="checkbox"/> Mount Joy Mill ~ 230 S. Market Avenue, Mount Joy, PA <input type="checkbox"/> Muncy Mill ~ 6829 Route 405 Highway, Muncy, PA <input type="checkbox"/> Shippensburg Mill ~ 1122 Mt. Rock Road, Shippensburg, PA <input type="checkbox"/> Spring Glen Mill ~ Rt 25, Spring Glen, PA (near Gratz)	
Salary/Wages Preferred:	

How Did You Hear About Us?

- | | | |
|------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Newspaper Ad (which paper?) _____ | <input type="checkbox"/> Online Employment Ad | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> WFM Website | <input type="checkbox"/> Employee Referral (name) _____ | |

Please include all employers you worked for over the past 10 years (if applicable)

Begin with your most recent employer

Employer's Name: _____
Employer's Address: _____
Position: _____ Dates of Employment: _____ to _____
Salary _____ Duties & Responsibilities: _____

Reason for leaving (Be specific) _____
Supervisor: _____ Company Phone: () _____
May we contact this person for a reference? _____
Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Employer's Name: _____
Employer's Address: _____
Position: _____ Dates of Employment: _____ to _____
Salary _____ Duties & Responsibilities: _____

Reason for leaving (Be specific) _____
Supervisor: _____ Company Phone: () _____
May we contact this person for a reference? _____
Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Employer's Name: _____
Employer's Address: _____
Position: _____ Dates of Employment: _____ to _____
Salary _____ Duties & Responsibilities: _____

Reason for leaving (Be specific) _____
Supervisor: _____ Company Phone: () _____
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Reason for leaving (Be specific) _____
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Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

Remember to list at least 10 years of employment. Use the back if you need additional space.

License Information

Section §383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license.” I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. No. of Miles (total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

Accident Record for Past 3 Years (Attach Sheet if More Space is Needed)

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Number of Fatalities	Number of Injuries	Chemical Spills	
				Yes	No

Convictions for Past 3 Years (Other Than Parking Violations)

Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited Bond, Collateral, and/or Points)

A: Have you **ever** been denied a license, permit, or privilege to operate a motor vehicle? YES ___ NO ___
 If yes, explain _____

B: Has any license, permit, or privilege **ever** been suspended or revoked? YES ___ NO ___
 If yes, explain _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after 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 employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

DATE

APPLICANT’S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT’S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.