

Name (last, first, middle)_____

Date of Application_____

Mead Lumber

Employment Application

For Commercial Drivers

Proof of employability is required

APPLICATION FOR EMPLOYMENT COMMERCIAL DRIVERS

For Employment With

(Location Name) _____
(Location Address) _____
(Location City, St) _____

This company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

The following information is requested in order to help us determine your qualifications for employment. We appreciate the time you spend in filling in this application form. Please print all information clearly and complete every part of this application, even if attaching a resume. If there is a question which does not apply to you, mark "NA". Do not leave any question unanswered. Any false, misleading or incomplete responses may result in disqualification for hire or immediate dismissal from employment.

Date: _____

Position(s) Applied For: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Social Security Number: _____

Previous Address: _____ How Long? _____
(Go Back 3 Years) Street City State Zip

Address: _____ How Long? _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have proof of age? _____
(Required of commercial drivers)

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position Held? _____

Reason for leaving? _____

Currently employed? _____ May we contact your present employer? _____

If not, how long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

**EMPLOYMENT HISTORY
PAST 10 YEARS**

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

| Employer: | Contact: | Phone: |
|--|---|--------|
| Date: From: _____ To: _____ Position: _____ Salary: _____ | Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____ | |

| Employer: | Contact: | Phone: |
|--|---|--------|
| Date: From: _____ To: _____ Position: _____ Salary: _____ | Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____ | |

| Employer: | Contact: | Phone: |
|--|---|--------|
| Date: From: _____ To: _____ Position: _____ Salary: _____ | Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____ | |

| Employer: | Contact: | Phone: |
|--|---|--------|
| Date: From: _____ To: _____ Position: _____ Salary: _____ | Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____ | |

Please use this space for comments, additional information, or to explain periods of time between employers.

DRIVING QUALIFICATIONS AND EXPERIENCE

LICENSES HELD:

State: _____ License No.: _____ Type: _____ Expiration Date: _____
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EQUIPMENT EXPERIENCE:

Equipment Class:
(Please Check)

| | Equipment Type <small>(Van, Flat, Tank, Reefer)</small> | For How Long? | Total Miles <small>(Approx.)</small> |
|-------------------------|--|---------------|---|
| Tractor & Semi-Trailer | | | |
| Tractor w/ Two Trailers | | | |
| Straight Truck | | | |
| Other | | | |

In what states have you operated in the past three years? _____

Have you ever had your license revoked or suspended? _____ If so, when and where? _____

Why? (please explain) _____

Have you ever been convicted of a felony? _____ If so, when and where? _____

Why? (please explain) _____

Have you tested positive for a pre-employment or random
 Drug or Alcohol test in the past two years? Yes _____ No _____

ACCIDENTS AND VIOLATIONS

ACCIDENTS IN THE PAST THREE YEARS (List most recent first – attach additional sheets if necessary)

Date: _____ Injuries? _____ Fatalities? _____ Vehicle Type: _____ Describe: _____
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TRAFFIC CONVICTIONS IN THE PAST THREE YEARS (Not parking violations)

Date: _____ Where? _____ Violation: _____ Penalty: _____
 Date: _____ Where? _____ Violation: _____ Penalty: _____
 Date: _____ Where? _____ Violation: _____ Penalty: _____

EDUCATION AND TRAINING

Please provide the following information about completed education, starting with the most recent.

| School or University | Years Completed | Field of Study | Graduate? Y or N | When? |
|----------------------|-----------------|----------------|------------------|-------|
| | | | | |
| | | | | |

Have you ever served in the military? _____ If so, when and what branch? _____

Please list any training you have received that you think will benefit you in the position for which you are applying.

Please provide three personal references. These references should not be people related to you nor former supervisors.

| Name | Years Known | Phone Number |
|------|-------------|--------------|
| | | |
| | | |
| | | |

By signing below, I certify that the answers and information provided on this form are true, accurate and complete to the best of my knowledge. I understand that if any answer is not true, accurate, or complete, I may not be hired, or if hired, I may be discharged.

I understand that this employer will investigate my work and personal history, character, and qualifications to verify all information given on this application, on related papers, and in interviews. Except for those that I have specifically noted, I authorize any firms, individuals, references, and schools named on the form to provide this employer with information regarding my work history, educational history, or character and to cooperate fully with the investigation of my qualifications. I authorize them to provide any information requested about me and I release them from all liability for damage in providing this information.

I understand that this employer may perform a background check in the areas of criminal history and presence on any sex offender, child abuse or adult abuse registries. By my signature below, I specifically authorize any private or public entities to provide this employer with information regarding my background, including, but not limited to, criminal history and whether my name is present on any child or adult abuse registries. I authorize these private or public entities to provide any information this employer requests about me and release them from all liability in providing this information.

I understand that this employer follows an "employment at will" policy, which means that they or I may terminate my employment at any time and for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I acknowledge that no oral representation has been made. If I am hired, I agree to conform to the rules and expectations provided to me by this employer.

I understand that this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing.

Mead Lumber is a drug free workplace. Pre-employment tested is required. All employment offers are contingent upon a negative drug screen.

Applicant's Signature

Date