

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: _____

Email Address: _____

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: _____ _____	

Were you subject to Federal Motor Carrier Safety Regulations in this position? Yes No

Were you subject to alcohol and controlled substance testing in this position? Yes No

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

Were you subject to Federal Motor Carrier Safety Regulations in this position? Yes No

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Date: From: ___/___/___ To: ___/___/___ Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ _____	

Were you subject to Federal Motor Carrier Safety Regulations in this position? Yes No

Were you subject to alcohol and controlled substance testing in this position? Yes No

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 (Van, Flat, Tank, Reefer)	For How Long?	Total Miles (Approx.)
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 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

PLEASE READ

By signing below, I certify that this application was completed by me and 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.

You have the following rights regarding the investigative information that will be provided to us:

- (a) The right to review information provided by previous employers;
- (b) 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 us;
- (c) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the 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

Request for Information From Previous Employer

To:
Previous Employer Name _____

From:

Address _____

Phone # _____

_____ Fax _____

Designated Employer Representative (if known) _____

_____, SSN _____ has made application to this company for a position as _____ and states that he/she was employed by you as _____ from _____ to _____. Will you please reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. Thank you.

I hereby authorize release of information regarding my services, character and conduct while in your employ and you are released from any and all liability which may result from furnishing such information to the above named company. I also hereby authorize release of information from my Dept of Transportation regulated drug and alcohol testing records by my previous employer listed above to the requesting employer listed above. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher,
2. Verified positive drug tests,
3. Refusals to be tested,
4. Other violations of DOT agency drug and alcohol testing regulations,
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Applicant signature _____ Date _____

1. Is the employment record with your company correct as stated above? _____
2. Did the applicant drive motor vehicles for you? _____ Passenger car _____ Straight truck _____ Tractor-semi trailer _____ Other (specify) _____
3. Give the dates of any vehicle accidents in which he/she was involved. _____

If in last three years include city, number of injuries and number of fatalities. _____

Were any hazardous materials released? _____

4. Reason for leaving your employment: Discharged _____ Laid off _____ Resigned _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Release of Information

(You are required to release this information per 49 CFR 391.23(g) and 40.25(h))

In the three years prior to the date of the employee's signature above, for DOT-regulated testing:

- | | | | | |
|---|-----|------|----|------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | Yes | ____ | No | ____ |
| 2. Did the employee have verified positive drug tests? | Yes | ____ | No | ____ |
| 3. Did the employee refuse to be tested? | Yes | ____ | No | ____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | Yes | ____ | No | ____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | Yes | ____ | No | ____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | Yes | ____ | No | ____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Please return information to the fax number provided above as soon as possible. Thank you.

Name of person providing information _____

Title _____

Phone # _____

Date _____