

Employment Application

COMMERCIAL DRIVERS ONLY

Name (last, first, middle) _____

Date of Application _____

Mead Lumber

100% Employee Owned



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.

If filling out manually, 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.

NAME (LAST, FIRST, MIDDLE)

PRESENT ADDRESS (Street No., City, State, Zip)	How long at this address?	HOME PHONE
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PREVIOUS ADDRESS (Street No., City, State, Zip)	How long at this address?
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EMAIL ADDRESS

ALTERNATE PHONE	To comply with laws concerning the employment of illegal aliens, will you be able to provide proof of employability if extended an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Examples of Proof: Social Security Card Driver's License Birth Certificate Passport

Have you worked for Mead before? Yes No If yes, when and under what name? Position Held:

Are you presently employed? Yes No If employed, why do you wish to change?

Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been interviewed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date available for work:	How much notice must you give?	Salary Expected \$ _____ per week or \$ _____ per year
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Is there any information we would need to know about your name or use of another name for us to be able to check your work record? Yes No Please specify:

Are you or have you ever been a registered sex offender in any US state or another country? Yes No
If so, please list the offense, date it happened, and the state in which it occurred:

Are you or have you ever been listed on a child abuse or adult abuse registry in any US state or another country? Yes No
If so, please list the offense, date it happened, and the state in which it occurred:

How were you referred to Mead? <input type="checkbox"/> Current Mead employee <input type="checkbox"/> Agency Name _____ <input type="checkbox"/> On my own <input type="checkbox"/> Advertisement <input type="checkbox"/> Other <input type="checkbox"/> School	Nature of work you are applying for: <input type="checkbox"/> Administrative <input type="checkbox"/> Technical <input type="checkbox"/> Managerial <input type="checkbox"/> Production/Manufacturing <input type="checkbox"/> Sales <input type="checkbox"/> Yard/Driver <input type="checkbox"/> Other (List) _____
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Applying For: Full-time Part-time Temporary Summer

Days / Hours available for work:

EDUCATION

If records are under a different name, please indicate for reference purposes.

Type of School	Name and Location	Major Field of Study	Did You Graduate? Degree, Letter, Grade or GPA
High School Last Attended			
College			
Graduate School			
Other			

EMPLOYMENT HISTORY

If records are under a different name, please indicate for reference purposes. Starting with present or last employer, list all employment, including part-time or temporary.

Place of Employment	Dates (Mo. and Yr.)	Supervisor
Name	From:	Name Phone
Address	To:	Position May we contact for reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Business	Department	Reason for Leaving
Title and Duties at Start		Title and Duties at Leaving
Were you subject to Federal Motor Carrier Safety Regulations in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you subject to alcohol and controlled substance testing in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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DRIVING QUALIFICATIONS AND EQUIPMENT EXPERIENCE

LICENSES HELD:

State _____ License No. _____ Type _____ Expiration Date _____
 State _____ License No. _____ Type _____ Expiration Date _____
 State _____ License No. _____ Type _____ Expiration Date _____

EQUIPMENT EXPERIENCE:

Equipment Class
(please check)

- Tractor & Semi-Trailer
- Tractor w/ Two Trailers
- Straight Truck
- Other

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

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

Have you ever had your license revoked or suspended? Yes No 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: Yes No Fatalities: Yes No Vehicle Type: _____

Describe:

Date: _____ Injuries: Yes No Fatalities: Yes No Vehicle Type: _____

Describe:

Date: _____ Injuries: Yes No Fatalities: Yes No Vehicle Type: _____

Describe:

TRAFFIC CONVICTIONS IN THE PAST THREE YEARS

Date: _____ Location: _____ Violation: _____

Penalty: _____

Date: _____ Location: _____ Violation: _____

Penalty: _____

Date: _____ Location: _____ Violation: _____

Penalty: _____

SPECIAL SKILLS AND QUALIFICATIONS

REFERENCES

Two references are required, one must be a current or former Manager/Supervisor, and the other can be a peer, co-worker, or a personal reference. No relatives.

Names of References	Relationship <small>(Manager/Supervisor, Peer, Co-Worker, Personal)</small>	Telephone	Email

PLEASE READ

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 testing is required. All employment offers are contingent upon a negative drug screen.

DATE: _____

SIGNATURE IN INK: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

TO: Previous Employer Name: _____ **FROM:** Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

Designated Employer Representative (if known):

(name) _____, 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? Yes No
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 employment: Discharged Laid Off Resigned

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 as soon as possible. Thank you.

Name of person providing information: _____
Title: _____
Phone: _____ Date: _____