

VERIFICATION OF DRIVER'S LICENSE

Any employee who drives or has a likelihood of driving a company vehicle or their own vehicle to conduct company business is required to maintain a valid driver's license free from major infractions at the time of hire and throughout employment. Therefore, on an annual basis or as determined by the company, a driver's license check with the Department of Motor Vehicles will be conducted. Employees driving on company-related business are required to report a suspension, loss of license, or any traffic violations or accidents to management immediately.

To be completed by Applicant/Employee	
Full Name:	
Address:	
Date of Birth:	Driver License #:
I authorize the company to review the status of my driver's license.	
_____ Employee Signature	_____ Date

Result of record search: <input type="checkbox"/> No known record <input type="checkbox"/> No record on name as given, record below is driver with similar name: Name: _____ Address: _____

Operator's license record shows:

Driver License #:	Date of Birth:	Expiration Date:
Restriction(s):		
Cancellations (Reason):		
Past Convictions, accidents, violations, warnings (state which and give date):		
License Revocations or Suspensions: (If any, give details)		
Date of revocations or suspension _____ Reason _____		
Period of suspension _____ Date reinstated _____		

APPLICANTS FOR POSITIONS TO DRIVE A COMMERCIAL MOTOR VEHICLE ONLY

All applicants for positions requiring the operation of a Commercial Motor Vehicle must complete the following information. A 'Commercial Motor Vehicle' includes vehicles with a gross vehicle weight rating (GVWR) of more than 26,000 pounds; drivers of vehicles designed to transport sixteen (16) or more passengers, including the driver; and drivers of vehicles used to transport hazardous materials, regardless of whether the vehicles operate interstate or intrastate.

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- 2) Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to questions (1) or (2) is 'yes', please provide details:

List states operated in for last five years: _____

DRIVING EXPERIENCE – IF NONE, WRITE 'NONE'

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, DUMP, ETC.)	DATES OPERATED		APPROX. # OF MILES DRIVEN	RADIUS OF USE IN MILES		
		FROM	TO		0-75	76-300	Over 300
Straight Truck							
Tractor and/or Semi-Trailer							
Tractor – Two Trailers							
Motor coach and/or School Bus							
Other							

List any relevant courses or training completed as a driver: _____

List any trucking, transportation or other experience that you feel would support your application: _____

ACCIDENT AND TRAFFIC CONVICTIONS RECORD

LIST ALL ACCIDENTS FOR PAST 3 YEARS - IF NONE, WRITE 'NONE' (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	PREVENTABLE
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) – IF NONE, WRITE 'NONE' (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

MEDICAL QUALIFICATION:

Do you have a current Medical Certificate? Yes No Date of expiration of current Medical Certificate _____

Have you participated in a Random Drug/Alcohol-Use Testing program in the past 12 months? Yes No

APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Please notify a company representative if you require a reasonable accommodation to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number		
	Street Address				
	City		State	Zip Code	
	Position Applied For		Salary or Hourly Wage Desired \$		
	Are you Available to Work		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights		Date Available to Begin Work
	Are you 18 years of age or older?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, may we contact your employer to obtain employment information?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever submitted an application and/or interviewed for employment with our company? If yes, give month and year ____/____				<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with our company before? If yes, give dates. From ____/____/____ to ____/____/____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		# of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	High School						
	College						
	Dates Attended	From	To				
Other							

SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:		List any certificates, licenses, or professional achievements that would support your qualifications for employment:	
	Drivers' License Identification Number: (Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)		State of Issuance:	

EMPLOYMENT HISTORY Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments:			
Reason for leaving:			

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments:			
Reason for leaving:			

Name of Employer		Telephone Number ()	
Address	Street	City	State Zip Code
Employment Dates (Month/Year) From ____/____ to ____/____		Starting Hourly Wage/Salary	Final Hourly Wage/Salary
Job Title of Position(s)		Name and Job Title of Supervisor	
Brief description of job duties, responsibilities and significant accomplishments:			
Reason for leaving:			

REFERENCES List three references other than relatives or former supervisors

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

CONVICTION RECORD STATUS

All applicants and employees must, as a condition of employment, inform the company of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The company reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Application for Employment Form* is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this *Application for Employment Form* as well as any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this company and its employees from all liability for any damage that may result from reliance on the information furnished.

If employed, I agree to abide by all policies, procedures, and rules of the company. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the company at any time with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____

REFERENCE CHECK HOLD HARMLESS STATEMENT

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize all of my former employers, school officials, and other individuals to provide to Secor Lumber Co., Inc. any and all information concerning my prior employment or any other pertinent information they may have. I release all parties and persons from any and all liability for any damages that may result from furnishing such information.

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

I authorize investigation of all statements contained on my *Application for Employment Form*, resume, or furnished elsewhere, as may be necessary in arriving at an employment decision.

I understand that misrepresentation of any material fact may be cause for rejection of my application or, if already hired, termination of my employment.

I also understand that, if employed, I am required to abide by all policies, procedures, rules, and regulations of the company.

Applicant Signature:

Date:

Applicant Name Printed:

Company Representative

Date: