

LUMBER KING, INC.
P.O. BOX 10
WHITLEY CITY, KY 42653

TRUCK DRIVER
APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Lumber King, Inc. considers all applications for employment without regard to race, color, religion, sex, national origin, age, disability, genetic information, citizenship, veteran status, or any other legally protected status in accordance with federal law. In addition, Lumber King, Inc. complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

PLEASE PRINT

Position(s) applied for _____ Date of Application _____

How Did You Learn About Us?

Advertisement Friend Walk-In Employment Agency Relative Other

Last Name _____ First Name _____ Middle Name _____

Address _____ How Long? _____
(Street) (City) (State) (Zip Code)

Social Security Number _____ Date of Birth _____

Telephone Number(s) _____

PREVIOUS THREE YEARS RESIDENCY

_____ # Years _____
(Street) (City) (State) (Zip Code)

_____ # Years _____
(Street) (City) (State) (Zip Code)

_____ # Years _____
(Street) (City) (State) (Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No, If yes, please give date _____

Are you currently employed? Yes No

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer? All employers Current employer only

On what date would you be available to work? _____

Are you available to work? Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

State name(s) of any relative(s) in our employment and your relationship to them: _____

Have you ever been convicted of a crime? Yes No (A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law). If yes, state nature of offense, when, disposition. _____

EDUCATION:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities that are relevant to the position for which you have applied:

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes No: List duties in the Service, including special training that is relevant to the position for which you have applied. _____

ADDITIONAL INFORMATION:

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience that are relevant to the position for which you have applied:

SPECIALIZED SKILLS: Check Skills/Equipment Operated

Fax PC Calculator Typewriter Word Perfect Excel

Production/Mobile Machinery (list) _____

Other (list) _____

Are there any other experiences, skills, or abilities that you feel especially qualify you to work with our company? _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached: __Yes __No

LICENSE INFORMATION

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one drivers 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 OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS	
				YES	NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___ Yes ___ No

If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? ___ Yes ___ No

If yes, explain _____

PLEASE LIST THREE PERSONAL / PROFESSIONAL REFERENCES OTHER THAN RELATIVES:

1. _____
 (Name) (Address) (Daytime Telephone #)
2. _____
 (Name) (Address) (Daytime Telephone #)
3. _____
 (Name) (Address) (Daytime Telephone #)

EMPLOYMENT RECORD:

List in order, last or current employer first. Account for any gaps in your employment. Attach sheet if more space is needed.

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. Applicants must also provide the same information for the seven years prior to the three years, which you have driven a commercial motor vehicle.

Must list the complete mailing address: street number and name, city, state and zip code.

1. Employer _____
 Address _____ Telephone Number _____
 Job Title _____ Supervisor _____
 Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
 Work Performed _____
 Reason for Leaving _____
 ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____
 Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by employer? ___ Yes ___ No.
 Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and drug/controlled substances testing requirements as required by 49 CFR Part 40? ___ Yes ___ No

2. Employer _____
 Address _____ Telephone Number _____
 Job Title _____ Supervisor _____
 Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
 Work Performed _____
 Reason for Leaving _____
 ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE

DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by employer? Yes No.

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and drug/controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

3. Employer _____

Address _____ Telephone Number _____

Job Title _____ Supervisor _____

Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____

Reason for Leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE

DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by employer? Yes No.

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and drug/controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

4. Employer _____

Address _____ Telephone Number _____

Job Title _____ Supervisor _____

Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____

Reason for Leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE

DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by employer? Yes No.

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and drug/controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

5. Employer _____

Address _____ Telephone Number _____

Job Title _____ Supervisor _____

Dates Employed: From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____

Work Performed _____

Reason for Leaving _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE

DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by employer? Yes No.

Was this job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and drug/controlled substances testing requirements as required by 49 CFR Part 40?

Yes No

List professional, trade, business or civic activities and offices held that are relevant to the position for which you have applied. (You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. Any misrepresentations or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from Lumber King, Inc. employment. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

I hereby authorize Lumber King, Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment, and further, authorize my current and former employers to disclose to the company any and all letters, reports including a statement of the reason for the termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release Lumber King, Inc., my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to Lumber King, Inc. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Lumber King, Inc. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Lumber King, Inc. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

My signature below certifies that I have read, understand and agree to the terms and conditions outlined in this application.

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 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.

Applicant's Signature _____ Date _____

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

Applicant's Signature _____ Date _____

LUMBER KING, INC.

REQUEST/CONSENT FOR WORK RECORD AND
ALCOHOL AND CONTROLLED SUBSTANCE TEST RESULTS

I do hereby authorize, without liability, investigation of all statements in the application I have filed with Lumber King, Inc. and I understand that any false statements shall be considered cause for disqualification or dismissal.

I authorize previous employers to furnish Lumber King, Inc. with my employment records, reason for leaving and all information concerning my employment. I also agree and understand that a criminal background check may be included in this release of liability. I do hereby release any previous employer, and Lumber King, Inc. from any damages whatsoever arising from the release of facts concerning my employment.

In conformity with Sections 382.405 or Title 49 of the Code of Federal Regulations, I do hereby authorize all past/present employers to furnish Lumber King, Inc. the following information concerning drug and alcohol test, including pre-employment tests the carriers conducted during the past three years.

- (a) the dates on which I tested positive for drugs, and the drug(s) involved;
- (b) the dates on which I tested 0.02 or greater for alcohol and the test results level;
- (c) the dates on which I refused to be tested for drugs and/or alcohol.

I fully understand that the information I authorize Lumber King, Inc. to receive involves test which were required by the Department of Transportation (DOT) and if any carrier furnishes Lumber, King, Inc. with information concerning items (a), (b) or (c), I also authorize that carrier to release and furnish

- (d) the dates of my negative drug tests and/or test with results below/above 0.02 during the previous three years; and
- (e) the names and phone numbers of any substance abuse professional who evaluated me during the past three years.

Applicant's Signature _____ SS# _____

Date Signed _____

I, _____ give Lumber King, Inc and Lumber King, Inc.'s insurance company permission to obtain a Motor Vehicle Report, for the purpose of checking my driving record.

Applicant's Signature

Date

FOR PERSONNEL DEPARTMENT ONLY

Arrange Interview ____ Yes ____ NO

Remarks: _____

Interviewer: _____ Date _____

Employed: ____ Yes ____ No

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department/Location _____

Employed By: _____

Date: _____

Notes _____

Position(s) Applied For Is Open: ____ Yes ____ No

Position(s) Considered
For: _____

Date: _____

Notes: