

41 LUMBER

P.O. Box 338, QUINNESEC, MI 49876

DRIVER'S EMPLOYMENT QUESTIONNAIRE

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

SOCIAL SECURITY NUMBER	DATE OF APPLICATION	
YOUR FULL NAME		PHONE
Last	First	Middle
YOUR ADDRESS		
Street	City	State
		Zip Code
(How long here?)		
PRIOR ADDRESSES IN LAST 3 YEARS		
Street	City	State
		Zip Code
(How long here?)		
APPLYING FOR POSITION AS:		
IF FULL-TIME EMPLOYMENT IS NOT AVAILABLE WOULD YOU ACCEPT PART-TIME OR TEMPORARY?		

EDUCATION

TYPE	NAME	CITY/STATE	COURSE OF STUDY	GRADE AVERAGE	DEGREE?
HIGH SCHOOL					
COLLEGE					
OTHER					
LIST ALL SCHOOL ACTIVITIES, HONORS, SPORTS AWARDS, ETC.					

GENERAL INFORMATION

WILL YOU TRAVEL? _____ EVER BONDED? _____ IF YES, WHEN? _____ WHERE? _____

NO APPLICANT SHALL BE REQUIRED TO FURNISH ANY INFORMATION OF HIS ARREST FOR ANY MISDEMEANOR OR FELONY WHICH DID NOT RESULT IN A CONVICTION, UNLESS COURT ACTION IS PENDING, NOR SHALL SUCH APPLICANT BE REQUIRED TO FURNISH INFORMATION ON ANY COMPLAINT WHICH WAS DISMISSED FOR WANT OF PROSECUTION OR WHICH RESULTED IN THE CASE BEING CONTINUED WITHOUT A FINDING FOR A CERTAIN PERIOD OF TIME AND THEN DISMISSED, OR WHICH RESULTED IN A FINDING OR VERDICT OF NOT GUILTY, NOR SHALL SUCH APPLICANT BE REQUIRED TO FURNISH ANY INFORMATION OF ARRESTS FOR THE FOLLOWING: MISDEMEANORS, DRUNKENESS, SIMPLE ASSAULT, SPEEDING, MINOR TRAFFIC VIOLATIONS, A FRAY OR DISTURBANCE OF THE PEACE, PROVIDED THAT THE DATE OF DISPOSITION OF SAID OFFENSES WAS FIVE YEARS OR MORE PRIOR TO THE FILING OF SAID APPLICATION AND THAT NO APPLICANT SHALL BE REQUIRED TO FURNISH ANY INFORMATION CONCERNING ANY CONVICTION OF A MISDEMEANOR WHICH OCCURRED MORE THAN FIVE YEARS PRIOR TO THE DATE OF SUCH APPLICATION FOR EMPLOYMENT, UNLESS THE APPLICANT WAS SENTENCED TO IMPRISONMENT UPON CONVICTION OF SUCH MISDEMEANOR OR SUCH INDIVIDUAL HAS BEEN CONVICTED OF ANY OFFENSE WITH FIVE YEARS OF SUCH DATE.

HAVE YOU EVER PLEADED GUILTY OR BEEN CONVICTED OF A CRIME OTHER THAN A MISDEMEANOR OR SUMMARY OFFENSE?	
IF YES, EXPLAIN:	
ARE YOU A LEGALLY AUTHORIZED TO WORK IN THE U.S.?	
HAVE YOU PREVIOUSLY FILED AN APPLICATION WITH THIS COMPANY?	IF YES, YEAR?
WERE YOU EVER EMPLOYED HERE PREVIOUSLY?	IF YES, PLEASE STATE WHEN AND WHERE.
DO YOU SMOKE OR USE ANY FORM OF TOBACCO?	DATE AVAILABLE TO WORK.
NAMES OF RELATIVES EMPLOYED BY US OR A COMPETITOR: _____ POSITION: _____	

EMPLOYMENT HISTORY

All driver applications to drive interstate commerce must provide the following on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order, starting with the most recent.)

CURRENT OR LAST EMPLOYER		YOUR POSITION	
ADDRESS _____ PHONE _____		DATES _____ TO _____	
WAGE _____ CONTACT PERSON _____		REASON FOR LEAVING _____	
MAJOR DUTIES _____			
WERE YOU SUBJECT TO THE FMCR WHILE EMPLOYED _____ YES _____ NO _____			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO _____			
PREVIOUS EMPLOYER		YOUR POSITION	
ADDRESS _____ PHONE _____		DATES _____ TO _____	
WAGE _____ CONTACT PERSON _____		REASON FOR LEAVING _____	
MAJOR DUTIES _____			
WERE YOU SUBJECT TO THE FMCR WHILE EMPLOYED _____ YES _____ NO _____			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO _____			
PREVIOUS EMPLOYER		YOUR POSITION	
ADDRESS _____ PHONE _____		DATES _____ TO _____	
WAGE _____ CONTACT PERSON _____		REASON FOR LEAVING _____	
MAJOR DUTIES _____			
WERE YOU SUBJECT TO THE FMCR WHILE EMPLOYED _____ YES _____ NO _____			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO _____			
PREVIOUS EMPLOYER		YOUR POSITION	
ADDRESS _____ PHONE _____		DATES _____ TO _____	
WAGE _____ CONTACT PERSON _____		REASON FOR LEAVING _____	
MAJOR DUTIES _____			
WERE YOU SUBJECT TO THE FMCR WHILE EMPLOYED _____ YES _____ NO _____			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO _____			
PREVIOUS EMPLOYER		YOUR POSITION	
ADDRESS _____ PHONE _____		DATES _____ TO _____	
WAGE _____ CONTACT PERSON _____		REASON FOR LEAVING _____	
MAJOR DUTIES _____			
WERE YOU SUBJECT TO THE FMCR WHILE EMPLOYED _____ YES _____ NO _____			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO _____			
PREVIOUS EMPLOYER		YOUR POSITION	
ADDRESS _____ PHONE _____		DATES _____ TO _____	
WAGE _____ CONTACT PERSON _____		REASON FOR LEAVING _____	
MAJOR DUTIES _____			
WERE YOU SUBJECT TO THE FMCR WHILE EMPLOYED _____ YES _____ NO _____			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO _____			

ADDITIONAL INFORMATION

	HAVE YOU SIGNED A NONCOMPETE AGREEMENT WITH A FORMER EMPLOYER? _____ YES _____ NO IF YES, WILL YOU PROVIDE US WITH A COPY OF THIS (THESE) AGREEMENT(S)? _____ YES _____ NO 3/12	
I WAS REFERRED BY		
LIST VOLUNTEER EXPERIENCE		
LIST OTHER INFORMATION THAT WOULD BE HELPFUL IN CONSIDERING YOUR APPLICATION		
BRIEFLY, WHY DO YOU WANT TO WORK FOR US?		

PERSONAL REFERENCES

NAME	OCCUPATION
ADDRESS	PHONE NO.
NAME	OCCUPATION
ADDRESS	PHONE NO.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)

	DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
1				
2				
3				
4				

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

DATE	LOCATION	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS –DRIVER

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege been suspended or revoked? _____

If the answer to either question is yes, give details: _____

DRIVING EXPERIENCE

TYPE OF EQUIPMENT	DATES FROM TO	APPROXIMATE NUMBER OF MILES

List states operated in for last five years: _____

List any safe driving awards you hold and from whom: _____

THE INFORMATION GIVEN ON THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THIS COMPANY TO INVESTIGATE ALL STATEMENTS ON THIS APPLICATION. FALSIFICATION OR ELIMINATION OF INFORMATION ON THIS APPLICATION IS CAUSE FOR DISMISSAL AT ANY TIME IF EMPLOYED BY THIS COMPANY. I ALSO UNDERSTAND I HAVE THE RIGHT TO (1) REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS; (2) HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND FOR THAT EMPLOYER TO RE-SEND THE CORRECTED INFORMATION; AND (3) 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 MY APPLICATION FOR EMPLOYMENT WILL BE PROCESSED AS QUICKLY AS POSSIBLE AND THAT PUBLIC LAW 91-508 REQUIRES THIS COMPANY TO INFORM ME THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I ALSO UNDERSTAND THAT ANY EMPLOYEE OF THIS COMPANY, OR ITS SUBSIDIARIES, IS FREE TO RESIGN AT ANYTIME AND IS SUBJECT TO TERMINATION AT ANYTIME (WITH OR WITHOUT NOTICE) AND THAT THE EMPLOYMENT RELATIONSHIP IS NOT SUBJECT TO THE PROVISIONS OF ANY EXTERNAL DOCUMENTS EXCEPT AS EXPRESSLY PROVIDED BY MANAGEMENT IN WRITING.

I HEARBY AUTHORIZE AND REQUEST ANY EDUCATION INSTITUTION TO FURNISH BEARER WITH ANY AND ALL INFORMATION IN THEIR POSSESSION REGARDING ME IN CONNECTION WITH THIS APPLICATION FOR EMPLOYMENT. I AM WILLING THAT A PHOTOCOPY OF AUTHORIZATION BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

I UNDERSTAND THAT EMPLOYMENT BY THIS COMPANY MAKES ME SUBJECT TO ALL PROVISIONS OF EMPLOYMENT-AT-WILL LAWS. I ALSO UNDERSTAND THAT ANY JOB OFFER COULD BE CONTINGENT ON MY PASSING A DRUG SCREENING TEST IF THAT IS COMPANY POLICY FOR ALL JOB OFFERS.

Applicant's Signature

Date

THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. TITLE VII OF THE FEDERAL CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION AGAINST ANY PERSON BECAUSE OF RACE, CREED, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN OR PHYSICAL HANDICAP.

ESSENTIAL JOB FUNCTIONS

Our retail operation has several different types of positions. Each type has essential job functions listed below. Please respond to the questions listed under the type(s) for which you are applying. You may apply and be interviewed for more than one type of job.

STORE SALES CLERK

Please circle response.

- | | | |
|--|-----|----|
| Can you walk and stand on the job for extended periods of time – possibly up to 10 hours? | Yes | No |
| Can you consistently lift items that weigh up to 80 pounds? | Yes | No |
| Can you frequently bend, squat, reach, lift, carry, push and pull which will be necessary when unloading trucks or stocking merchandise items? | Yes | No |
| Can you work around products such as paints, solvents, chemical cleaners and thinners? | Yes | No |
| Have you had any previous experience in selling or in dealing with people in sales-related situations? | Yes | No |
| Can you work Saturdays, Sundays and evenings if it is a requirement of the positions? | Yes | No |

WAREHOUSE/OUTSIDE YARD/DELIVERY POSITIONS

- | | | |
|--|-----|----|
| Can you consistently lift items weighing up to 100 pounds? | Yes | No |
| Have you ever operated motorized equipment, such as, forklifts? | Yes | No |
| Do you have a valid driver's license? | Yes | No |
| Can you frequently bend, squat, reach, lift, carry, push and pull which will be necessary when unloading trucks or stocking merchandise items? | Yes | No |
| Can you work around products such as paints, solvents, chemical cleaners and thinners? | Yes | No |
| Can you work Saturdays, Sundays and evenings if it is a requirement of the positions? | Yes | No |

OFFICE/CLERICAL/CASHIER

- | | | |
|---|-----|----|
| Do you have experience in handling payroll, accounts payable, accounts receivable or general ledger on a manual or computer system? | Yes | No |
| Do you have experience working a cash register or handling cash transactions? | Yes | No |
| Have you ever been required to make cash bank deposits for a business? | Yes | No |
| Can you work Saturdays, Sundays and evenings if it is a requirement of the positions? | Yes | No |

Please add any comments or additional information you feel is applicable:

I understand that this company is legally permitted to require a physical examination as a condition of employment once a job offer has been made. I certify that my responses above are true and correct and that I know of no limitations which would prevent me from performing the essential job functions.

Signature: _____

Date: _____

CHECK OF REFERENCES

Name of Applicant: _____

Applied for position as: _____

Please complete the requested information concerning the above applicant at your earliest convenience. This information will be held strictly confidential.

Please verify the following: _____

Employment Dates:

_____ Yes _____ No

Position Held:

_____ Yes _____ No

Last Salary Rate:

_____ Yes _____ No

Reason for termination:

_____ Yes _____ No

Would you rehire?

_____ Yes _____ No

If no, why? _____

Additional Comments: _____

Please rate the applicant on the following:

(1) Excellent, (2) Good, (3) Average, (4) Poor

Attendance _____

Reliability _____

Motivation _____

Work Quality _____

Work Quantity _____

Attitude _____

Cooperation _____

People Skills _____

Leadership _____

Job knowledge _____

Safety Habits _____

I hereby authorize this company to reference any information contained in my application for employment.

Applicant Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Sections 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of the Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

Witness: _____ Signed: _____
Applicant's Signature

Date: _____

41 LUMBER

REQUEST FOR CHECK OF DRIVING RECORD

I, _____, hereby authorize you to release the following information to
Applicant's Name

41 Lumber for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Driver's License Number

State

Expiration Date

Applicant's Signature

Date

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested (applicant's driving record for past three years) will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulations; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester)

Date