



WARD LUMBER COMPANY
697 Glen Road
Jay, NY 12941

EMPLOYMENT APPLICATION FOR DRIVERS

Date of Application: Position applying for:

Applicants Name: Last First MI

Address:

Date of Birth: Social Security Number:

Please list all addresses resided at in the past 3 years:

Three horizontal lines for listing addresses.

Please list the following information for EACH Motor Vehicle Operator's License/Permit that has been issued to you:

Issuing State: DL Number: Exp. Date:
Issuing State: DL Number: Exp. Date:
Issuing State: DL Number: Exp. Date:

Driving Experience:

Table with 4 columns: Class of Equipment, Type of Equipment (Van, Tank, Flat), Dates of Operation (From, To), Total Miles of Operation. Rows include Bus, Straight Truck, Truck Tractors, Tractor Semi Trailer, Full Trailers, Pole Trailers, Other.

Accident Record for Past 3 years (attach additional sheets if more space needed)

	<u>Date of Accident</u>	<u>Nature</u>	<u>#Fatalities</u>	<u># Injuries</u>
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

Traffic Convictions and Forfeitures for Past 3 years (Other than Parking violations)

<u>Location (City, State)</u>	<u>Date</u>	<u>Charges</u>	<u>Penalty</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

If the answer to either or both of the above questions is yes, attach a statement with details.

Physical History:

Do you have any disabilities, physical , mental or medical, which are likely to interfere with your ability to control and safely operate a motor vehicle or interfere with your ability to satisfactorily perform the job for which you have applied? ____Yes ____No

If Yes, please explain: _____

Are you physically capable of lifting 100 pounds? _____. **If no, please explain:** _____

Date of last physical examination _____

Doctor's Name and Address: _____

Safe Driver Awards: List any safe driving awards you have been granted and by whom:

Please list all employment for the past 10 years (Use a separate sheet if necessary.)

EMPLOYMENT HISTORY

Please give accurate and complete full-time and part-time employment record. Start with present or most recent employer.

1) Company Name	Telephone:
Address	Date Employed: From To
Name of Supervisor and Title	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

2) Company Name	Telephone:
Address	Date Employed: From To
Name of Supervisor and Title	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

3) Company Name	Telephone:
Address	Date Employed: From To
Name of Supervisor and Title	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

4) Company Name	Telephone:
Address	Date Employed: From To
Name of Supervisor and Title	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

5) Company Name	Telephone:
Address	Date Employed: From To
Name of Supervisor and Title	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

6) Company Name	Telephone:
Address	Date Employed: From To
Name of Supervisor and Title	Weekly Pay Start Last
State Job Title and Describe Your Work	Reason for Leaving

Ward Lumber Company

Notice to Drivers & Certificate of Compliance

I. NOTICE TO DRIVERS

The commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicles. The new law applies to all drivers operating motor vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted on a traffic violation (other than parking) must notify the motor carrier AND the state which issued the license to that driver of such conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification of such action.

TO BE RETAINED BY MOTOR CARRIER

II. CERTIFICATION BY DRIVER

I hereby certify that I have read and understand the above described driver provisions of the Commercial Motor Vehicle Safety Act of 1986 which became effective on July 1, 1987.

Driver's Name (Print) _____

Driver's Address _____

Social Security Number _____

License: State _____ Type/Class _____ ID # _____

I further certify that the above commercial vehicle license is the only one held (YES / NO) : or that I have surrendered the following licenses to the state indicated.

State _____ Type/Class _____ ID # _____

State _____ Type/Class _____ ID # _____

Driver's Signature

Date

Read and sign this Agreement BEFORE submitting this Application:

I hereby give WARD LUMBER COMPANY, INC. the right to make a thorough investigation of my past employment and activities including a check of State Motor Vehicle Records and prior employers, and I release from all liability, all persons, companies and corporations supplying such information.

I agree to furnish such additional information and complete such examinations as may be legally required to complete the selection process.

I understand that any false answer or statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge if employed.

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



Employee Referral Bonus

{ _____ } I was not referred for employment at Ward Lumber Co., Inc. by any of its employees.

{ _____ } I was referred for employment at Ward Lumber Co., Inc. by:

_____ {Employee Name (s)}

_____ {Date of referral}

Applicant Name: _____ Date: _____