DYKES LUMBER COMPANY

Application for Employment

*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, veteran status, non-job related disability, or any other protected group status.*

 Date:Click or tap to enter a date.

Position(s) applied for or type of work desired: Click or tap here to enter text.

Name:Click or tap here to enter text.

Current Address: Click or tap here to enter text.

Telephone#:Click or tap here to enter text. Date of Birth: Click or tap to enter a date.

 \*Required for Commercial Drivers

Cell Phone#:Click or tap here to enter text.

Personal Email Address:Click or tap here to enter text.

 (please print – needed for payroll enrollment)

If at the above residence for less than 3 years, list below all residences for the past 3 years.

Previous Address: Click or tap here to enter text. How long?Click or tap here to enter text.

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Do you have a legal right to work in the United States of America? Click or tap here to enter text.

Type of employment: [ ] Full-Time [ ]  Part-Time [ ] Temporary

Date available to start work:Click or tap to enter a date. Desired Salary: Click or tap here to enter text.

 Are you employed now? [ ]  Yes [ ]  No

 Are you able to meet the attendance requirements? [ ]  Yes [ ]  No

 Do you have any objection to working overtime if necessary? [ ]  Yes [ ]  No

 Can you travel if required by this position? [ ]  Yes [ ]  No

 Have you ever been employed by our organization? [ ]  Yes [ ]  No

 If you are under 18, do you have a work permit? [ ]  Yes [ ]  No

===============================================================================Driver’s License #:Click or tap here to enter text. CDL?:[ ] Yes [ ]  No Class: Click or tap here to enter text.

Have you ever been employed by or applied to Dykes?: [ ]  Yes [ ]  No If so, when?Click or tap here to enter text.

Who referred you?Click or tap here to enter text.

Do you have any friends or relatives employed at Dykes?: [ ]  Yes [ ]  No

If yes, state name, relationship and store location: Click or tap here to enter text.

* **For Commercial Driver Applicants**: Per FMCSR 391.21(d) Before an application is submitted, the motor carrier shall inform the applicant that the information he/she provides for the employment history may be used, and the applicant’s prior employers may be contacted, for the purpose of investigating the applicant’s safety performance history information. The prospective employer must also notify the driver in writing of his/her due process rights as specified in §391.23(i) regarding information received because of these investigations. You the applicant have the following rights: (i) The right to review information provided by previous employers; (ii) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; (iii) The right 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.

**Driver Applicant (print name):**Click or tap here to enter text.

**Driver Applicant Signature:**Click or tap here to enter text. **Date:**Click or tap to enter a date.

####  **Applicants for positions that require the driving of commercial motor vehicles must provide** an additional 7 years’ information on those employers for whom the applicant operated such vehicles, or up to **10 years employment history.** ALL INFORMATION

**Previous Employment**

Company: Click or tap here to enter text. Phone: Click or tap here to enter text.

Address: Click or tap here to enter text. Supervisor: Click or tap here to enter text.

Job Title:Click or tap here to enter text. From:Click or tap to enter a date. To: Click or tap to enter a date.

Were you subject to the FMCSRs† while employed? [ ]  Yes [ ]  No

May we contact your previous supervisor for a reference? [ ]  Yes [ ]  No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? [ ]  Yes [ ]  No

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†THE Federal Motor Carrier Safety Regulations (FMSCRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers of property when the vehicle: (1) weighs or has a GWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Accident Record for the past 3 years** (For Commercial Drivers Only)

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Nature of Accident** | **Fatalities** | **Injuries** |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

  **Traffic Convictions Moving Violations for the past 3 years, if none, write none.**

(For Commercial Drivers Only)

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Location** | **Charge** | **Fine** |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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

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

**In the past 3 years, have you tested positive, or refused to test, on a pre-employment drug or alcohol test** administered by an employer where you applied for a safety sensitive position and were not hired? [ ]  Yes [ ]  No

 **Education**

High School:Click or tap here to enter text. Address: Click or tap here to enter text.

From:Click or tap to enter a date. To:Click or tap to enter a date. graduated? [ ] Yes [ ] No Diploma:Click or tap here to enter text.

College:Click or tap here to enter text. Address: Click or tap here to enter text.

From:Click or tap to enter a date. To:Click or tap to enter a date. graduated? [ ] Yes [ ] No Degree:Click or tap here to enter text.

Other: Click or tap here to enter text. Address: Click or tap here to enter text.

From:Click or tap to enter a date. To:Click or tap to enter a date. graduated? [ ] Yes [ ] No Degree:Click or tap here to enter text.

**Other skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications.

Click or tap here to enter text.

**References -**  Please list 3 references: name, telephone number and years known.

(no relatives)

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

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.

I authorize you to make such investigations and inquiries into my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

 In the event of my employment, I understand that false or misleading information given in my application or interviews may result in discharge.

 I understand that employment is contingent on my pre-employment drug test.

 If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law or union contract.

 I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by ADA.

 I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant Signature:**Click or tap here to enter text. **Date:**Click or tap to enter a date.