



# Application for Driver / DOT

Scherer Bros. is proud to be a drug free work place. A screening for illegal drug use is required as a condition of employment. A Pre-Employment Physical, DOT Health Check and Background Checks will be conducted for Driving Position. A criminal conviction or other adverse results does not automatically disqualify you for the position.

Scherer Bros. Lumber Co. is an equal opportunity employer and does not discriminate against qualified applicants on the basis of race, color, religion, creed, gender or any other legally protected status.

(PLEASE PRINT)

Position applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_ Best time to contact you: \_\_\_\_:\_\_\_\_ am pm  
E-mail Address: \_\_\_\_\_ Preferred method of contact: Phone OR E-mail  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List your addresses of residency for the past 3 years:

Current Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip code \_\_\_\_\_ How Long? \_\_\_\_\_

Do you have a legal right to work in the United States?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Can you provide proof of age?  Yes  No  
*(Required for Commercial Drivers)*

Have you ever been employed with us before?  Yes  No If yes, list dates and location: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_ Did someone refer you (Name) \_\_\_\_\_

Date Available for Work: \_\_\_\_\_ What is your desired salary range: \_\_\_\_\_



9401 73<sup>rd</sup> Ave. N. - Ste. 400  
Brooklyn Park, MN 55428

Employment Application (Page 2) NAME: \_\_\_\_\_

### EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the proceeding three (3) years. List complete mailing address, street number, city state and zip.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such vehicle. List your most recent employer first. Please be thorough and detailed.

EMPLOYER			DATES	
NAME:			FROM:	TO:
			MO. YR:	MO. YR:
ADDRESS:			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
Was this position subject to the FMCSRs (Federal Motor Carrier Safety Regulations) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was this position subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATES	
NAME:			FROM:	TO:
			MO. YR:	MO. YR:
ADDRESS:			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
Was this position subject to the FMCSRs (Federal Motor Carrier Safety Regulations) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was this position subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATES	
NAME:			FROM:	TO:
			MO. YR:	MO. YR:
ADDRESS:			POSITION HELD:	
CITY	STATE	ZIP	SALARY/WAGE:	
CONTACT PERSON:		PHONE NUMBER:	REASON FOR LEAVING:	
Was this position subject to the FMCSRs (Federal Motor Carrier Safety Regulations) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Was this position subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No				



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**Employment Application (Page 3)**      **NAME:** \_\_\_\_\_

EMPLOYER		DATES	
NAME:		FROM: MO.      YR:	TO: MO.      YR:
ADDRESS:		POSITION HELD:	
CITY	STATE	ZIP	
CONTACT PERSON:		PHONE NUMBER:	
SALARY/WAGE:		REASON FOR LEAVING:	
Was this position subject to the FMCSRs (Federal Motor Carrier Safety Regulations) <input type="checkbox"/> Yes <input type="checkbox"/> No Was this position subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40 <input type="checkbox"/> Yes <input type="checkbox"/> No			

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous material in a quantity requiring placarding.

List any accidents of record in the past 3 years. If none, write *None*.

Dates	Nature of Accident (Head-on Rear-End, etc.)	Fatalities	Injuries

List any traffic convictions, forfeitures, revocation, or suspensions in the past three (3) years. If none, write *None*.  
(Do not include parking violations)

Location	Date	Charge	Penalty

List in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit or privilege to operate a motor vehicle that has be issued to you. If no such denial, revocation, or suspension has occurred, write *None*. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHERER  
BROS.  
LUMBER CO.**

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**Employment Application (Page 4)      NAME:** \_\_\_\_\_

### EDUCATION

School	Name of school	City	State	# of years attended	Diploma /Degree/ Certification
High School:					
College:					
Vocational or College:					

### EXPERIENCES & QUALIFICATIONS

	State	License No.	Type of License	Expiration Date
Drivers License(s)				

As a prospective employer, Scherer Bros. Lumber Co. must ask any applicant applying for a driving position with our company, whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past three years.

- Yes, I have tested positive for drug/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.
- No, I have not tested positive for drug/alcohol, or refused to take a pre-employment drug/alcohol test in the three years preceding the date of this application.

DOT regulations prohibit our utilizing you to perform a "safety-sensitive function" (driving a commercial motor vehicle) if you admit that you had a positive test, or refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulation.

This certifies that I completed this addendum to the employment application, and that all information wherein is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**APPLICANT'S STATEMENT:**

This certifies that the 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 and I authorize Scherer Bros. to verify their accuracy and to obtain reference information on my work performance and history. I hereby release Scherer Bros. from any/all liability of whatever kind of nature, which could result from obtaining and having an employment decision based on such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Scherer Bros. is of an "at will" nature, which means that I may resign at any time and Scherer Bros. may discharge me at any time 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 Scherer Bros.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations at Scherer Bros.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Dear Applicant:

Thank you for submitting your application for employment to Scherer Bros. Lumber Co. Your credentials will be reviewed. If your background and qualifications match our current hiring needs, we will contact you in the near future to arrange an interview. If we do not contact you, please feel free to apply for any other "open" positions that you qualify for. Your interest in employment with Scherer Bros. Lumber Co. is greatly appreciated and we thank you for the opportunity to review your credentials.

Sincerely,

Human Resources  
Scherer Bros. Lumber Co.  
[www.schererbros.com/careers](http://www.schererbros.com/careers)



Equal Opportunity Employer/ Contractor  
Drug free workplace

*Please, take a moment to complete and return the Applicant Self Identification Form below.*

## ***Applicant Self Identification Form***

Scherer Brothers Lumber Co. is committed to providing equal employment opportunities to all applicants, regardless of race, color, creed, religion, national origin, sex, age, sexual preference, marital status, veteran status or disability. This information is collected to enable Scherer Bros. Lumber Co. to meet record-keeping and affirmative action requirements under Executive Order 11246, as amended, Title VI. and VII. of the Civil Rights Act of 1964, Title IX., Sections 503 and 504 of the Rehabilitation Act of 1973, American Disabilities Act of 1990, Vietnam Era Veteran's Readjustment Assistance Act of 1972, as amended, other federal and state statutes, regulations and company policies.

\* Submission of this information is completely voluntary and confidential. It will be retained separately from your application and any subsequent personnel file. This information or refusal to provide it will not affect a hiring decision or subject you to any adverse treatment. We greatly appreciate your cooperation.

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle Initial)

**POSITION/JOB TITLE APPLIED FOR:** \_\_\_\_\_ **SEX:**  Male  Female

**REFERRAL SOURCE:**

- Scherer Bros. Job Posting Source: \_\_\_\_\_  
 Scherer Bros. Employee Name: \_\_\_\_\_  
 Newspaper Source: \_\_\_\_\_  
 Walk-In Site: \_\_\_\_\_  
 Other: Source: \_\_\_\_\_

**VETERAN STATUS:**

- Special Disabled Veteran  
 Vietnam-Era Veteran  
 Newly Separated Veteran  
 Other protected Veteran  
 Not Applicable

**ETHNICITY:**

- Caucasian** (White, not of Hispanic or Latino origin):  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- African American or Black** (Not of Hispanic or Latino origin):  
A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Asian:** (Not Hispanic or Latino):  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino):  
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** (Not Hispanic or Latino):  
A persons having origins in any of the original peoples of North and South America and who maintain identifiable tribal affiliations or community attachment.
- Two or More Races** (Not Hispanic or Latino)  
All persons who identify with more than one of the above five races. (Excluding Hispanic or Latino).

**DISABILITY STATUS:** An individual who a.) has a physical or mental impairment that materially limits one or more major life activities\*; b.) has a record of such an impairment; or c.) is regarded as having such an impairment.

\*Major life activities may include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, sitting, standing, lifting, breathing, learning and working

**According to this definition, are you disabled?**  Yes  No