



**SCHERER
BROTHERS
LUMBER
COMPANY**

Application for Driver/DOT Employment

Date of Application: _____

Position(s) Applying for: _____

Name: _____ Social Security No.: _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address: _____
Street City
_____ Phone: _____ How Long? _____
State Zip Code

Previous Addresses: _____ How Long? _____
Street City State & Zip
_____ How Long? _____
Street City State & Zip
_____ How Long? _____
Street City State & Zip

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Do you have the legal right to work in the United States? Yes No

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

Have you worked for Scherer Bros. before? Yes No Where? _____

Reason for leaving: _____

Are you now employed? Yes No If no, how long since leaving employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you may be unable to perform the functions of the job for which you have applied? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

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

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. Add another sheet if necessary.)

Employer:			Date	
Name:			From: Mo. Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:		Phone Number:	Reason for Leaving:	

Employer:			Date	
Name:			From: Mo. Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:		Phone Number:	Reason for Leaving:	

Employer:			Date	
Name:			From: Mo. Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:		Phone Number:	Reason for Leaving:	

Employer:			Date	
Name:			From: Mo. Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:		Phone Number:	Reason for Leaving:	

Employer:			Date	
Name:			From: Mo. Yr.	To: Mo. Yr.
Address:			Position Held:	
City:	State:	Zip:	Salary/Wage:	
Contact Person:		Phone Number:	Reason for Leaving:	

*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 materials in a quantity requiring placarding.

Accident record for the past 3 years (Attach a sheet if more space is needed) if none, write none.

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries
Last Accident: _____			
Next Previous: _____			
Next Previous: _____			

Traffic convictions and forfeitures for the past 3 years (Other than parking violations) if none, write none.

Location	Date	Charge	Penalty

(Attach a sheet if more room is needed)

EDUCATION

Circle Highest Grade Completed: **1 2 3 4 5 6 7 8** High School: **1 2 3 4** College: **1 2 3 4**

Last School Attended: _____
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses	State	License No.	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No If yes, attach statement giving details.

Has any license, permit or privilege ever been suspended or revoked? Yes No If yes, attach statement giving details.

DRIVING EXPERIENCE - If none, write none.

Class of Equipment	Type of Equipment (Van, Tank, Flat Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailor				
Tractor - Two Trailors				
Motorcoach - School Bus				
Other				

List states operated in for last five years: _____

List special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

List any trucking, transportation or other experience that may help in your work at Scherer Bros.:

List courses and training (other than shown elsewhere in this application):

List special equipment or technical materials you can work with (other than those already shown):

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquires regarding medical history will be made only if and after a conditional offer of employment has been extended).

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 company.

Signature of Applicant

Date

Dear Applicant:

Thank you for submitting your application for employment to Scherer Bros. Lumber Co. Your credentials are currently being reviewed. If your background and qualifications match our hiring needs, we will contact you in the near future to arrange an interview. If we do not contact you, your application will be retained for future consideration. In the event a suitable position becomes available, we will contact you. Your interest in employment with Scherer Bros. is greatly appreciated.

Sincerely,

Human Resources
Scherer Bros. Lumber Co.
www.schererbros.com



EEO/AA Employer
Drug-Free Workplace

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

Applicant Self Identification Form

Scherer Bros. 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. 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 origin)
 African American (Black, not of Hispanic origin): All persons having origins in any of the Black African racial groups.
 Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
 Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
 Native American (American Indian or Alaskan Native): All persons having origins in any of the original peoples of North America and who maintain identifiable tribal affiliations through membership, participation or recognition.
 Other (Please list): _____

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 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