



**SCHERER
BROS.
LUMBER CO.**

Equal Opportunity Employer / Contractor

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 73rd 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 | |
| CONTACT PERSON: | | REASON FOR LEAVING: | |
| PHONE NUMBER: | | | |
| 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 | |
| CONTACT PERSON: | | REASON FOR LEAVING: | |
| PHONE NUMBER: | | | |
| 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 | |
| CONTACT PERSON: | | REASON FOR LEAVING: | |
| PHONE NUMBER: | | | |
| 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 | | | |



9401 73rd Ave. N. - Ste. 400
Brooklyn Park, MN 55428

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*. _____

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



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