

Application for Driver / DOT

Equal Opportunity Employer / Contractor

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 apply	ing for:	Date of Application	:
Last Name:		First Name:	M.I
Telephone N	umber(s):	Best time to	contact you:: am pm
E-mail Addre	ess:	Preferred method of o	contact: Phone OR E-mail
Social Securit	ry Number:		
List your address	ses of residency for the past 3 years	s:	
Current Address			
	Street	City	
	State	Zip code How Long?	
Previous Addres	ss:		
	Street	City	-
	State	Zip code How Long?	
	Street	City	
	State	Zip code How Long?	
	egal right to work in the United Sta immigration status will be required upon emplo		
Date of Birth: (Required for Commer		ou provide proof of age? Yes No	
Have you ever b	een employed with us before?	Yes No If yes, list dates and location:	
Reason for Leav	ring:		
How did you hea	ar about this position?	Did someone refer you (Nar	me)
Date Available f	for Work:	What is your desired salary ran	ge:



Brooklyn Park, MN 55428

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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			1	DATES		
NAME:			FROM:	TO:		
ADDRESS:			MO. YR: POSITION HELD:	MO. YR:		
CITY	STATE	ZIP	SALARY/WAGE:			
CONTACT PERSON:	PHONE NUMBER	R:	REASON FOR LEAVE	NG:		
Was this position subject to the FMCSRs (Federal Motor Carrier Safety Regulations)						
	EMPLOYER		1	DATES		
NAME:			FROM:	TO:		
			MO. YR:	MO. YR:		
ADDRESS:			POSITION HELD:			
CITY	STATE	ZIP	SALARY/WAGE:			
CONTACT PERSON:	PHONE NUMBER	R:	REASON FOR LEAVE	NG:		
Was this position subject to the FMCSRs (Federal Motor Carrier Safety Regulations) Yes No Was this position subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40 Yes No						
	EMPLOYER			DATES		
NAME:			FROM:	TO:		
ADDRESS:			MO. YR: POSITION HELD:	MO. YR:		
CITY	STATE	ZIP	SALARY/WAGE:			
CONTACT PERSON:	PHONE NUMBER	R:	REASON FOR LEAVE	REASON FOR LEAVING:		
Was this position subject to the FMCSRs (Federal Motor Carrier Safety Regulations) Yes No Was this position subject to alcohol and controlled substances testing requirement as required by 49 CFR Part 40 Yes No						



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			D/	ATES	
AME:	EMPLOYER		FROM:		TO:
12 11711.71			MO. YR	:	MO. YR:
DDRESS:			POSITION HEI	LD:	
ITY	STATE	ZIP	SALARY/WAGE:		
ONTACT PERSON:	PHONE NUMBER:		REASON FOR LEAVING:		
	FMCSRs (Federal Motor Carrier Safety Regulation and controlled substances testing requirement as		☐ Yes ☐ No)	
ncludes vehicles having a G azardous material in a quant	VWR of 26,001 lbs. or more, vehicles designately requiring placarding.	ed to transport 15 or more	passengers or any	size vel	hicle used to transpo
Dates	Nature of Accident (Head-on Rear-End, etc.)	Fatalities		Vone. Injuries	
List any traffic convic	tions, forfeitures, revocation, or su (Do not include page)	uspensions in the par parking violations) Charge	st three (3) ye	ears. If	f none, write <i>No</i> Penalty
	1	<u> </u>			



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EDUCATION

		J	LDUCATI	OIN			
School	Name of school	City	State	# of yea	ars attended	Diplom	a /Degree/ Certification
High School:							
College:							
Vocational or College:							
	EV	DEDIENC	SEC 6 OII	A L IEIC A T	FIONE		
	State		SES & QUA se No.	ALIFICA	Type of Lic	ense	Expiration Date
	2		201.01		1) 0 2 2 0		2
Drivers License(s)							
ı							
to test, on any pre-employment (driving a commercial motor verification of the commer	t drug or alcohol test administer ehicle) during the past three year for drug/alcohol, or refused to the tribute of the drug/alcohol, or refused to the tribute of the drug/alcohol, or refused the tribute of the drug of the tribute of	red by an emplorers. ake a pre-emplorer to take a pre-error y-sensitive fun essful completion application,	loyment drug/ale mployment drug action" (driving on of the return-	cohol test in the /alcohol test in a commercial noto-duty processormation where	e three years precedi the three years prec notor vehicle) if you s in accordance with	ing the date of eding the date admit that you DOT regulation	of this application. u had a positive test, or refusal
authorize Scherer Bros. to veri- liability of whatever kind of na I hereby understand which means that I may resign may not be changed by any wri In the event of emp	ne application was completed by fy their accuracy and to obtain ture, which could result from of and acknowledge that, unless	reference information in the state of the st	mation on my waving an employ ned by applicabl me at any time wange is specifical	ork performand ment decision e law, any emp without cause. ly acknowledge	n in it are true and co ce and history. I her based on such infor loyment relationship It is further underste ed in writing by an a	reby release Somation. p with Scherer pood that this "a nuthorized execution."	cherer Bros. from any/all Bros. is of an "at will" nature, at will" employment relationship cutive of Scherer Bros.
	Signature of Applicant				I	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,

your cooperation.

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

(Middle Initial) POSITION/JOB TITLE APPLIED FOR: **SEX:** □ Male □ Female **REFERRAL SOURCE: VETERAN STATUS:** □ Scherer Bros. Job Posting ☐ Special Disabled Veteran ☐ Scherer Bros. Employee Name: _____ □ Vietnam-Era Veteran Source: □ Newly Separated Veteran □ Newspaper □ Walk-In ☐ Other protected Veteran Site: □ Other: Source: □ 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