

# APPLICATION FOR EMPLOYMENT

**LBM Industries Inc.  
McNeely Trucking Co.  
Toxaway Concrete Co.  
P.O. Box 40  
Sapphire, N.C. 28774**

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, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
State City State & Zip Code

State \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish. \_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 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 as necessary.)

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
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 PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
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 SHEET IF MORE SPACE 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

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS 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-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW 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**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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 in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries 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 inquires 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 to abide by all rules and regulations of the Company.

I understand that all employees, full- time, part-time, temporary, hourly, and salaried, are EMPLOYEES AT WILL. This simply means that both the employer and the employee retain the right to terminate the employment relationship at any time and for any reason, with or without prior notice.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

- 1. APPLICATION
- 2. INTERVIEW
- 3. PAST EMPLOYMENT
- 4. WRITTEN EXAM
- 5. ROAD TEST
- 6. CRIMINAL AND TRAFFIC CONVICTIONS


SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
 DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
 TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to \_\_\_\_\_ for the  
(prospective employer)  
purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.  
You are released from any and all liability which may result from such information.

\_\_\_\_\_  
(Applicant's Signature) (Date)

1. In accordance with the provision of Sections 604 and 607 of the Fair Credit Reporting Act. Public Law No. 91-508. Thereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
  
2. I further certify that if the applicant named below is denied employment based upon the information received. I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
(Signature of Requester) (Date)

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TO: Edwards. Church & Muse. Inc.  
Fax (704) 529-4422

ATTN: MARIA VICCARO

The following named person has made application with our company for the position of \_\_\_\_\_  
As in accordance with Section 391.23 Federal Department of Transportation Regulations, please furnish the undersigned with the applicants driving record for the past FIVE years.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

LICENSE# \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

REQUESTED BY:

\_\_\_\_\_  
(Name of Company) (Typed Name)

\_\_\_\_\_  
(Address) (Title)